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A CLINICAL LECTURE.

DIABETES; SLIGHT ORGANIC DISEASE OF THE HEART WITH SEVERE SYMPTOMS.

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[Reported for THE BULLETIN, by WM. H. MORRISON, M.D.]

GENTLEMEN: We have before us to-day a case of severe diabetes. It is not my intention to enter into an extended discussion of this disease, but simply to call your attention to a few points in its symptomatology and diagnosis, and to make a few remarks with reference to its treatment. This man is a teamster by occupation, and has been a hard-working man. There is no record of diabetes in his family. We have no history of any exhausting or depressing cause save over-work and over-strain. There is no history of special dietetic excesses. There is no evidence of any cerebral lesion. Diabetes is often inherited, and the worst cases are those in which the disease develops early in life, and in whose family other cases have occurred. These cases are most rebellious to treatment, and run a most acute and unfavorable course. Again, it will often be found that diabetes appears after some severe nervous strain, showing that in some way the controlling power exercised by the nervous system over the elaborate and complicated process of digestion, by which the sugar and starchy elements of the food are prepared and utilized, has been deranged so that these articles enter the blood improperly prepared, and are discharged by the excretion.

The patient tells us that there have been no dietetic excesses, but upon this point I shall question him further. It has often seemed to me that the habit of rapid eating, the food not being properly chewed, and especially where large quantities are taken, is very provocative of diabetes. Of course, if any one takes an immense amount of sugar or of starchy food, more than can be properly prepared, he may have a temporary glycosuria which is really an overflow, and we might say almost physiological. I do not mean this excessive use of sugar and starch, but I refer to the bolting of imperfectly-chewed food, leading to an exhaustion of digestive energy and to an irritation and derangement of the digestion, which is not infrequently followed by the development of diabetes. It has seemed to me that this very often acts as one of the predisposing causes in bringing on diabetes in those who have a tendency to this form of derangement. We learn on inquiry that this man's meals have been taken at irregular intervals; that they consist of strong, coarse food, which he has eaten rapidly without perfect chewing. He has not used liquor, but chews tobacco. In questioning diabetics, I frequently obtain answers similar to those which this man has given. They have been individuals who have consumed large quantities of coarse, strong food, not necessarily sugar or starch, tasking heavily their digestive function, and they have eaten voraciously, swallowing the food rapidly, imperfectly masticated. I wish to insist upon the importance of this factor, and I call your attention to the fact, that while

it does not give rise to diabetes in every case, and while I think that it has no direct connection with the diabetes, yet I believe that there are a certain number of people, who, owing to a special weakness of that particular part of the digestive system by which starches and sugar are utilized, will have diabetes induced by any cause which tends to break down the digestion. We constantly see that where a number of persons are subjected to a certain cause, one group will develop this, another that, and another still another form of derangement. There must be a tendency to diabetes in a certain number of individuals. When the system is broken down, the digestion deranged, or there is some depressing cause, then diabetes makes its appearance, because that is the part of digestion which is most easily disturbed in these individuals. We cannot arrive at any other conclusion. It is not so much the specific nature of the cause as the peculiarities of the one responding to that cause which determines the nature of the particular disease induced.

In connection with this subject, I must refer to the immense importance of good teeth as a factor in digestion, and to the premature loss of the teeth as an occasional cause of diabetes. In cases where, from this cause, mastication has been extremely imperfect, I have seen diabetes develop in those who are predisposed to this affection. I shall have to frequently refer to this condition as a frequent cause of many gastric disorders, and one which is often overlooked.

In the present case there are no signs of cerebral lesion. In some instances of diabetes there are evidences of disease of the nerve centres. The physiological experiment of lacerating the floor of the fourth ventricle with the production of diabetes is familiar to you. We sometimes see this experiment repeated by disease in the development of a lesion at the base of the brain in the course of which diabetes occasionally appears. We must therefore consider, in studying any case of diabetes, the possibility of such a central lesion. This man has met with no injury, he has never had syphilis, and there are no symptoms indicating a central lesion.

In another set of cases, still more rare, we find that the diabetes is simply a symptom of serious organic affection of the great digestive organs, particularly the pancreas and liver. Diabetes may be found as a symptom in cancer of the pancreas, in cancer of the liver, in chronic inflammation of the pancreas, and in obstruction of its ducts. These, however, constitute a comparatively small group of cases. Far the larger group is made up of the cases which I have first mentioned. In this case there is no evidence of organic disease of the liver, pancreas, or kidneys.

This brings me to speak of one of the symptoms of this affection, and that is the coexistence of sugar and of albumen in the urine of diabetics, which is sometimes observed. In the present instance, there is no albumen in the urine, but you will quite often meet with a small quantity of albumen associated with sugar in the urine. This may be present without the existence of tube casts, and without the presence of any organic disease of the kidneys. This may be dependent simply upon congestion of the kidneys, upon an altered state of blood-pressure, or upon an alteration of the crasis of the blood, by which is rendered possible the escape of serum from the Malphigian tufts, and the appearance of a little albumen in the urine. The presence of albumen is therefore not necessarily to be regarded as a sign of the coexistence of Bright's disease with the diabetes. Not only this, but I have found in watching cases of diabetes over a long period, that there may be an alternation of albumen with sugar in the urine, that the sugar will diminish and the albumen will appear. Then the albumen will diminish or disappear and the sugar will increase in quantity. I have had cases in which albuminuria and glycosuria have replaced each other, and this has been dependent upon varying conditions of the digestive disorder without there being any Bright's disease in the case. This I have most frequently seen in those with a tendency to gout. In these cases, the prognosis of diabetes is usually most favorable. The functional disorder which produces the disease is well tolerated, and cases may last a long time, respond well to treatment, be well held in check, and the general health be well maintained.

The symptoms by which diabetes is recognized are, as you well know, first, an inordinate thirst, a craving to replace the water which is discharged, a craving for liquid on account of the irritation of the mouth, fauces, and stomach; secondly, a craving appetite, often not a healthy appetite, but a sense of gnawing, demanding food, and sometimes this continues

when the digestion has become poor, so that the food which is taken does not digest well; thirdly, an inordinate discharge of urine, usually of a light color, high specific gravity, and containing sugar, as shown by various tests; fourthly, progressive failure in strength and in flesh.

The patient before us presents these typical symptoms in a high degree. He drinks an immense quantity of water, has a craving appetite, and passes from eleven to twelve quarts of urine each day. During the past twenty-four hours he has passed eleven quarts. The urine has a specific gravity varying between 1035 and 1040, and contains 6.9 per cent. of sugar. He has during the last six weeks lost thirty-two pounds in weight with a corresponding loss of strength.

There are, however, other symptoms which it is necessary that I should briefly mention, as they will at times aid you in recognizing the disease. One of these is irritation of the skin. This may vary from simple pruritus to the occurrence of an actual eruption, and it may be upon this account that the patient seeks advice. Irritation about the urinary meatus is another symptom which will lead you to suspect the existence of diabetes. Excessive dryness and irritation of the tongue and the mucous membrane of the mouth may also call attention to this affection. Diabetics often complain of numbness in the legs and sometimes in the hands. This coldness and numbness are due to defective innervation and circulation of the skin. Sleep is often disturbed, not only from the frequent discharges of urine, but also from actual insomnia. In addition to these, there may be digestive disorders of various kinds.

Let me ask you to note the frequency with which catarrhal affections accompany diabetes, and particularly the tendency to phthisis which exists in those suffering with diabetes. This is a common cause of the fatal termination of the disease. When phthisis develops in these subjects it runs a very rapid course.

You, therefore, see that we have to be constantly on our guard against diabetes. It is a disease which is frequently overlooked. It is not always revealed by the striking symptoms which this man presents, and the only way to recognize it is to form the habit of examining the urine chemically and microscopically in every case that we treat, no matter what are the symptoms, and to regard the thorough examination of the urine as a necessary part of our study of every case before we announce our diagnosis. No matter how palpable may the disease appear, or how clear it is that the patient has heart disease, rheumatism, or other affection, before committing ourselves we should make a careful study of the urine, for combined with these diseases you may find albuminuria or diabetes. In the diagnosis of diabetes, I would dwell upon nothing but the thorough examination of the urine. The more that we dwell upon the other symptoms of diabetes, the more likely will we be to overlook it in some cases. The more we depend upon the invariable examination of the urine, the more certain are we to never let it escape us. I do not care how familiar you may be with the symptoms of diabetes, there are so many cases in which sugar is present in the urine, with scarcely any symptoms for a considerable period of time, that if you wait for the typical symptoms to show themselves the disease will for a long time be unrecognized.

Now with reference to the practical bearing of these remarks upon this case and upon the treatment of diabetes. It will be at once evident that nearly all these cases demand a great deal of hygienic attention, that their mode of eating, the hours at which they take their meals require study quite as much as does the character of the food which they take. The habits of the patient, the amount of exertion which he makes, demand attention and regulation when we are able to do it. In many cases we must modify the diet, and the treatment will often fail unless we can place the patient under changed conditions. Exercise is generally good for diabetics; it assists in the assimilation of the food, but it must be carefully regulated and restricted.

With reference to the diet, we are too much in the habit of giving the patient a list of those articles which would be suitable for him to eat, and then allow him to eat as much of these as he pleases. We must remember that in most diabetics, the digestive forces are weakened, the digestion is impaired not only for sugar and starch, but also for other articles. If they are allowed to take heavy, rich food, even if it contains no starch or sugar, the digestion may be broken down, not by the disease, but by the diet which is permitted. We must exclude sugar and starch-containing food. We should, however, give as much variety as we can

with safety, rendering the meals as attractive as possible. We must resort to such expedients as almond flour, and gluten flour, to imitate the bread and starches. In doing this we must study the digestion carefully, and we must not assume that symptoms of indigestion which may be present, are due to the disease. They may result from the diet which is taken. In some cases you will be obliged to modify the diet, and even occasionally to give sugar and starch before the dyspepsia can be relieved. These latter cases are, however, rare. It is important in regulating the diet of diabetics not only to exclude certain articles, but also to adapt the diet to the digestive powers.

It is perfectly true that many diabetics do better with rather more sugar and a rather better diet, than they do with a more restricted diet, although the quantity of sugar is more reduced. The general condition is better and the nervous force is stronger, and these must be taken into consideration in deciding as to the effect of the treatment. We must not rely upon the quantity of sugar in the urine solely in determining this point, but we must also study the appetite, the weight, and the muscular and nervous force.

With reference to medicines, this man is taking ergotin and codeia. The enormous amount of urine which he passes, and the frequent interruption of sleep by the calls to urination suggest the use of some sedative which gives sleep and lessens the desire to urinate. Of all agents, I think that codeia is the best. I prefer it to morphia and to solid opium. Where the symptoms seem to call for it, I usually begin with codeia. Where the disease is mild, I avoid this drug at first, but where the quantity of urine is excessive, I think it well to at once give a certain amount of codeia. These patients nearly always require some form of tonic and nutrient to supply the waste that is going on. Iron, when digested, is useful. Cod-liver oil when well borne is valuable. Arsenic is sometimes of extreme service. Among the most valuable combinations that you can employ in this disease is codeia with bromide of arsenic. Codeia should be given in carefully graduated doses, and increased only as is necessary. The dose should not be increased rapidly. Bromide of arsenic may be given in the form of the solution in doses of from three to eight drops, well diluted, after meals. The combination of these two drugs is, as I have said, often of service.

There are some cases of diabetes, and, I think, especially the gouty cases, where I have seen remarkable results from the salicylates. I have under my care patients with diabetes who have taken the salicylates for a long time, and where the result has been most satisfactory. Ten grains of the salicylate of sodium, or three or four grains of salicylate of cinchonidia may be given three or four times a day. In this type of cases codeia is not so frequently called for.

Where the amount of urine is excessive, and is not lessened by codeia, ergot or ergotine may be used as an adjuvant. We are using ergotine in this case. We shall give this man three grains of codeia during the day, with one grain of ergotine, two grains of the pill of the carbonate of iron, and one-thirtieth of a grain of strychnia three times a day. We shall continue this treatment, and at the end of two weeks shall report the result.

Slight Organic Disease of the Heart, with Severe Symptoms.—The next patient is M. L—, who states that there has been considerable heart disease in her family. Her father, she says, died of dropsy. Her own history is, that with the exception of some acute attacks years ago, she has been quite healthy up to two years ago. She has, however, had occasional attacks of palpitation of the heart. Two years ago she had quite a severe cold, confining her to bed for several weeks, but from this she made a good recovery. She remained well with the exception of occasional attacks of palpitation until the occurrence of the present illness, three weeks ago. This began with shortness of breath, loss of appetite, disordered action of the bowels, and increased palpitation of the heart. She continued at work as long as she could, but finally had to give up and come to the hospital. When admitted she suffered with violent palpitation, with irregular and violent action of the heart, great shortness of breath, œdema of the feet and legs, and frequent micturition, the urine being of acid reaction, with a specific gravity of 1018, and containing a small quantity of albumen and some pus, but no tube-casts and no sugar.

The history at once directs attention to the heart, and we shall also have to consider what significance is to be attached to the condition of the urine. We shall have to consider

whether this is a case of Bright's disease with secondary cardiac trouble, or whether it is a case of heart disease with temporary congestion of the kidneys with albuminuria and œdema. These are questions of the greatest importance. The latter supposition is, of course, much more favorable than the former.

Let us consider these questions before noting the exact condition of the heart. Notice, in the first place, the conditions under which the woman comes under observation. She has been a hard-working woman. Since the attack, two years ago, she has had more or less palpitation of the heart. When she became sick, she continued at her work as long as she could. Here we have an ample explanation of the œdema, supposing that there is any affection of the heart. We are not to at once conclude that this dropsy indicates advanced organic disease. Patients, when they come under observation, are often in a condition of extreme temporary aggravation of their disease, and we should not at once form unfavorable conclusions from what we may then find. The exhaustion acting upon a weak heart, and the anæmic condition of the blood might explain a good deal of the œdema and also some of the albuminuria. We further note that in the examination of the urine some pus was found. Wherever there is pus there is albumen. Urine that contains pus always contains albumen in the supernatant liquid. While I do not say that the presence of pus is sufficient to explain the existence of all of the albumen, yet the amount of albumen is small. We also observe that there is marked anæmia, and that the circulation is defective and feeble. Putting all of these things together, there is good reason at the outset to hope that the case looks worse than it really is, and that the œdema and albuminuria will be found to be symptoms of comparatively slight importance.

Turning to the examination of the patient, we find that the œdema of the legs has entirely disappeared during the time that she has been in bed. I should not be surprised to find that the pus in the urine had diminished in quantity and that the albumen had disappeared. An examination of the urine shows that at present the albumen is absent.

We must next determine how much permanent trouble there is in the heart. We must bear in mind that the woman has broken herself down by continuous hard work, and that much of the dyspnœa and of the exaggerated heart's action, and even a certain portion of any murmur that we may find, may be dependent upon exhaustion of the heart and upon impaired innervation of the cardiac walls, so that, although there may be a murmur present now, yet when the woman's condition is improved, this murmur may be much less distinct. The anæmia would, of course, tend to increase the cardiac murmur. We should, therefore, expect to find whatever evidences of organic heart disease that the woman may present in her best state, aggravated under the present circumstances.

This case affords us valuable lessons in prognosis, as well as in diagnosis and treatment. I have often formed unfavorable opinions with reference to certain cases, and yet, under careful nursing and rest, the symptoms have passed away, and my apprehensions have been shown to be unfounded. When this patient was admitted, the heart was acting in an excited, irregular manner, and the second sound was accentuated at the aortic cartilage. Over the base of the heart was found a short, faint, presystolic murmur which was heard both in the recumbent and in the sitting posture. This suggested a little mitral roughening. To-day the aortic second sound is still somewhat accentuated, but there is no trace of murmur in the aortic area. There is no venous hum in the jugulars. At the apex, the mitral first sound is rather prolonged and murmurish, and at the base there is heard, increased by sudden rising, a slight presystolic murmur. It is to be feared that this murmur indicates some organic disease. It is a faint murmur and is distinctly limited to the base at the present time, but even if there is some slight contraction of the mitral orifice, or some slight roughening of the auricular face of one of the mitral leaflets, it is by no means necessary that the lesion shall be a serious one. We can only judge of the gravity of a lesion by the gravity of its effects. I have shown you that the impairment of the general circulation has evidently been the result of exhaustion and anæmia, not of organic obstruction of one of the orifices of the heart. I have shown that in all probability the albuminuria is largely dependent upon vesical catarrh and upon the feeble renal circulation, for as soon as the woman is put at rest in bed and the action of the heart tranquilized, the albuminuria disappears. The promptness with

which these unfavorable symptoms have been removed, suggests that the heart cannot be very seriously diseased. It is by just such considerations as these that we determine whether a given sound of the heart indicates a serious or a mild lesion, rather than by the character of the sound itself. We determine the effect of the lesion further by noting its effect upon the cavities of the heart, and on the thickness of its walls.

On examination, we find that the impulse at the apex is not strong, it is not extended in area, nor is it heaving in character. The apex beat is in the fifth interspace, well within the nipple line, and, therefore, in about the normal situation. On percussion, we find that the cardiac dullness does not encroach upon the sternal region. It goes rather high, reaching to the second interspace at the left sternal line. The outer line of dullness seems normal. If we can draw any conclusion from this, it is that the left auricle is slightly dilated. This would correspond with the fact that the mitral orifice is somewhat obstructed. The change in the walls of the heart, as shown by the impulse, and the change in the cavities of the heart as shown by percussion, indicate that this lesion of the mitral valve, although evidently lasting for a number of years, has not produced any considerable effect upon the structure of the heart; therefore, not only the prompt relief of the œdema and the disappearance of the albuminuria, but also the results of physical exploration of the heart indicate that this woman has only a slight heart lesion, and that her worst trouble has been overwork, nervous exhaustion, and improper diet, inducing anæmia and debility.

I shall expect that under rest, good diet, and simple tonic treatment, in which iron and strychnia will play parts, this woman will rapidly regain her health. She has been taking the infusion of digitalis, and under its use has improved, and this treatment will be continued.

ORIGINAL COMMUNICATIONS.

DYSENTERY.

BY H. S. CRABB, M.D.

DURING the summer and autumn of 1885, 1886, and 1887, dysentery has been prevailing throughout the State of Kentucky, more especially in the central and southern portions, and during this time I have treated a great many cases. The disease presents every variety of form from the acute to the chronic, sthenic and asthenic, usually appearing as an endemic in certain localities, while certain circumscribed intervening localities are exempt; or, in other words, there appear to be infected and non-infected zones. I do not believe that dysentery is contagious. In the majority of cases the persons afflicted with the malady have never been exposed to possible contagion, if a contagious element does enter into the etiology of the disease.

A miasm may be generated from the decomposition of the discharges from the affected capable of communicating the disease to the non-infected.

The pathology of the disease under consideration is essentially an inflammation of the large intestine. Dysentery is usually preceded by diarrhœa and dejections of feculent matter. The development of the disease is denoted by the gradual development of the characteristic evacuations of mucus usually commingled with more or less blood. The dejections are usually small, and are repeated at intervals of greater or less duration, varying from a few moments to one or two hours. Tenesmus and tormina are prominent symptoms. Vomiting of a greenish colored matter occasionally occurs. Pain in the back portion of the brain or head has also been a prominent symptom in most of the cases that I have observed, and I have often been enabled to diagnose flux by this symptom before the characteristic intestinal symptoms are ushered in. The pain is usually described by patients as distressing fullness, accompanied by a throbbing sensation, and is located in the medulla oblongata.

The treatment must be adapted to the peculiarities of each individual case; but in most cases at the onset a saline cathartic will prove beneficial by freeing the bowels of whatever irritating material they may contain. Afterwards, secure rest by an opiate, and I know of nothing more suitable than the camphorated tincture of opium for this purpose, administered in half drachm or drachm doses, and repeated in two or three hours, if necessary. Vomiting calls for appropriate treatment. Small lumps of ice introduced into the stomach, have a beneficial effect, and also serve to allay inordinate thirst, which is usually a prominent symptom in most cases of dysentery.

Tormina and tenesmus can be controlled by antispasmodics, such as chloroform, camphor, and similar drugs.

Where vomiting exists the following prescription has always had, in my experience, a marked tendency to control the vomiting, and at the same time has had a beneficial effect on many other symptoms:—

℞.	Chloroform . . .	ʒj.
	Creasote	gtt. viij.
	Camphor	grs. xvj.
	Oil peppermint. . .	gtt. xvj.
	Syr. auranti cortex . .	fʒj.
	Mucilage acacia . .	fʒiij.

M. Ft. sol.

Sig.—Take a teaspoonful every three hours.

Topical medication is often very beneficial. For the relief of that painful feeling of fullness in the rectum, which is caused by the swelling and inflammation of the mucous coat of the rectum, I know of nothing better than iodoform, which is most conveniently administered in the form of a suppository, and can be obtained already prepared. Iodoform being a local anæsthetic, it allays the pain and subdues the local imflammatory condition of the parts with which it is brought in contact, thereby affording great relief.

I have used the bichloride of mercury as a remedy in a few cases of dysentery, administered in doses from the one-sixteenth to the one-eighth of a grain, and have so far been favorably impressed with the results. I believe that if ever we find a specific for dysentery that we will find it in the bichloride of mercury.

WHITE RUN, OHIO CO., KY.

*RADICAL OPERATION FOR THE CURE OF HERNIA.**

BY ALEXANDER McALISTER, M.D.,
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I SHALL first give the history of a case which I operated upon, and then refer to Banks and McEwen's operation. The operation devised by McEwen is, in my opinion, the best. I did not do it in my case, as it was not a suitable one for it.

Mrs. K—, age twenty-five years; born in Pennsylvania. She first noticed a lump in her right groin about ten years ago, which was about as large as a hickory-nut, and it gradually increased in size. It caused her no pain nor inconvenience until three years ago, when she began to experience a sense of weakness and pain. She says when lying down she could push the lump back, and then would feel better. I saw her for the first time in the latter part of June. On examination, I found that she had an oblique inguinal hernia about as large as an egg. I proposed an operation, to which she consented.

Operation, July 6th.—The hair was shaved from the parts. An incision was made in an oblique direction over the position of external ring, about three and one half inches long, the ring exposed. I then pushed the hernia sac and contents up into the abdominal cavity with my index finger. I then passed my sutures of silk-worm gut, beginning about one inch above the external ring, the sutures passing through the folded portion of the sac and muscle under my finger. Nine sutures were introduced. I curetted the edges of the ring before closing it. The abdominal wound was then closed with catgut sutures. The wound was then dressed with iodoform and gauze. The patient was kept in bed for two weeks and given a liquid diet for three days. Her bowels were opened on the second day after the operation. Her temperature never was above 100°. I placed a pad over the wound, and kept it firmly bandaged for six weeks. At the end of the fourth week the wound was entirely healed. It has now been four months, and the patient has been doing her own housework and washing for the past two months, and there has been no signs or indications of its returning.

Various attempts have been made, in the last fifteen years or more, with the help of strictly aseptic details, to cure hernia radically, by ligature of the sac, suture of the sac, either cutting off the sac, or rolling or twisting it into a mass, which is secured in the ring, if possible, for the purpose of acting as a plug or pad. These attempts, in many cases, are successful, but, in a number of cases, relapse has occurred two or three times after the operation, and the patients, although helped, have not been cured.

Andaregg, collecting one hundred and five cases of his own watched during a period of seven months to seven years, found relapse in thirty-nine per cent., which justifies the statement that, in a large number of instances, the benefits of the operation consist of making an uncontrollable hernia controllable.

* Read before the Camden County Medical Society, November 8, 1887.

As Banks has clearly pointed out, the chief difficulty encountered is that of making the internal surface of the abdominal wall perfectly, flat for, if any depression outward remains at the inner surface of the internal ring, the omentum and intestine pressing on it will gradually force it open. It is manifestly impossible, by any suture, to sew the internal ring flat, and, if that is not done, pads or sacs, or suture of the external ring, though a help in many cases, are not to be depended upon in many, although in the more severe cases even Banks, recognizing fully the difficulty, and devising an operation, of twisting the sac within the ring and securing the twisted coil by suturing, thus preventing the untwisting, is unable, in all instances, to secure the desideratum of a flat internal surface of the abdominal wall.

McEwen's operation is so new a one, comparatively, that I will describe it in some detail. His aim is to pull the sac within the abdominal cavity, and place it in a compact and wrinkled condition on the inside of the internal ring—a pad with the convexity pressing backward into the abdominal cavity (under the peritoneum) around and beyond the edges of the sewed-up canal. In brief, the details are as follows: The sac is separated from the surrounding parts, and, by the help of a director or a finger, freed from the outer ring, the cord, and from attachments in the canal. The finger is then passed up within the canal, and the peritoneum adjacent to the internal ring is separated by the finger, detaching it from the belly wall to an extent of one-half an inch around the inner opening of the internal ring. A needle (with a handle or needle-holder) threaded with stout catgut, knotted at the ends, is then passed through the sac, beginning at the lower end in such a way that the catgut will transfix as a basting stitch or the cord in a Venetian blind. The needle is then passed through the internal ring, between the stripped peritoneum and the abdominal wall, and then pushed through the abdominal wall. On pulling the catgut, after the needle has been removed, the mass of sac can be pulled through the canal and placed between the peritoneum and the internal ring. The ring should then be sewed in the usual way, except that McEwen advises passing a loop of suture through the fascia as near the internal ring as possible, and then, after again threading the two needles with the two projecting ends of suture, to pass them through the outer edge of the incision near the external ring. This, on tightening, will roll the parts so as to act as a flap, closing the canal.

When the hernia is congenital, the sac, after separation from the cord, is to be divided above the testicle and sewed up below, so as to form a tunica vaginalis, and above, so as to form a sac, to be returned as above described.

McEwen has operated on hernia by his method over forty times, and has so far had no relapse.

STROPHANTHUS HISPIDUS.

(Translated from Le Progrès Médical.)

STROPHANTHINE, the active principle of the strophanthus hispidus, was first studied in 1865, by Vulpian and Pelikan, who presented to the French Academy of Sciences a memoir of its physiological action; then Fraser, of Edinburgh pursued this study in 1869 and 1872. In 1877, Hardy and Gallois examined it from a clinical point of view; and, finally, it was Fraser again, in 1885, who applied it definitely in therapeutics as a heart-tonic. In a botanical point of view, strophanthus belongs to the family of the Apocynaceæ. It is a climbing plant found in all tropical countries in general, and particularly in the central parts of Africa, as well as in Java and Sumatra. The fruits of the strophanthus have a cottony envelope which contains about two hundred to three hundred seeds. It is from these that the active principle is derived. Strophanthus hispidus, the name which Candolle gave it, has received many other appellations, such as iné, which is best known, rombé and onaye which are only the principal names. The first researches of Pelikan and Vulpian show that strophanthine acted as a poison on the heart. It acted not only on the cardiac fibre, but also on all the muscular fibres striated or unstriated. Death ensues from heart paralysis and cessation of the circulation. Messrs. Palaillon and Carville, who profited by previous experiments, as Fraser did, showed that this action studied only upon frogs, was the same upon other animals, and particularly mammals. Not only the heart, but all the muscles are affected by it. After the disappearance of reflex action, stimuli of all kinds and degrees are without effect upon the muscles. Moreover, it acts by simple contact, and destroys the contrac-

tility of the muscle on which it is placed. The injection of strophanthus causes at first dyspnœa, irregular breathing, then muscular weakness. Bilious vomiting then ensues. At the same time, irregularity of the heart, which, after being accelerated, is retarded, then is stimulated again a little before death. Intelligence is preserved up to the last moment Two theories exist to account for the action of strophanthine: the muscular theory sustained by Carville and Palaillon, according to whom the heart is first affected; and the nerve theory, supported by Pelikan, and more recently by M. Gley, as well as by M. Lépine, according to whom it acts certainly upon the medullary system, an action manifested, as Laugaard has demonstrated by the general feebleness of the subject when one uses an overdose. Finally, at the meeting of November 8, 1887, of the Society of Biology, MM. Mairet, Combemale, and Grognier repudiated both these theories, and think that strophanthus acts after the manner of irritants, and that the diuresis which it causes is due not to the increase of blood-pressure, but to a renal irritation. We scarcely understand, in fact, how strophanthus can provoke diuresis such as we have proven to exist in cardiac affections, if we admit that diuresis is due to increased blood-pressure, which is incompatible with the cardiac paralysis produced by strophanthin. The form in which we use strophanthus in therapeutics is the tincture of the seeds, although the active principle may be found in the bark of the tree, but in much less quantity. This tincture has a green color and a very bitter taste which is the principal objection to it. Fraser gives it in doses of from two to four drops, but for greater convenience he advises the use of a twenty per cent. tincture, raising the dose to from five to ten drops. The therapeutic action of the tincture is of great rapidity and very much greater than that of digitalis; it is such, in fact, that patients feel the beneficent effects in less than an hour. It is strongly indicated in the various valvular affections, and especially at the time of systole. But the field of its operations has already been extended, and strophanthus has been tried in all cardiac affections, such as fatty degeneration of the heart, and the acute endocarditis of rheumatism. In Bright's disease it ought to give excellent results. Atheroma justifies it also, as well as the dropsies resulting from cirrhosis of the liver. Finally, in anæmia and chlorosis it would be useful. In fact, in all cases of weakness of the myocardium, even in infectious diseases, we are advised (with proofs at hand) to use strophanthus.

M. le Pr. Lépine (of Lyons), in a recent article, has just made a study of strophanthus. He teaches that it increases, but not invariably, arterial tension. Perhaps strophanthus acts in augmenting the volume of blood ejected from the left ventricle. He has further shown that in the majority of cases there is a diminution of cardiac impulse coinciding with the cessation of the palpitations, as he has observed in company with Dr. Haas (of Prague).

Accordingly, as it appears to us, strophanthine would seem to be more than a succedaneum to digitalis, but seems almost destined to replace it. It is to be regretted that only English and American houses are ready to supply it, and it is very difficult to obtain it in France without getting it through a foreigner. This state of things is not calculated to promote familiarity and experimentation.

PHTHISIS PULMONALIS.

BY S. F. LANDRY, M.D.,
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I.

FASHION, as in the social world, has too long ruled in the science of medicine. Bergeon's idea of the proper prophylaxis of phthisis pulmonalis, feasible but undemonstrated by critical and long-continued experience, must be adopted at once. Apparatus of a hundred types flood the market; dealers wax rich, while doctors and patients become poorer. "The head is made sick and the heart is faint" with medical forces and delusions. Bergeon is respected for his zeal and courage in his investigations; but the spirit of impatience, that cannot wait for "all things to be done decently and in order;" this desire for a routine method and for moulded opinions is ruinous. The craze, however, for the so-called gas treatment, is rapidly subsiding, and has virtually been abandoned in the West. In no case of true tuberculosis (and many such come under my observation) did it appear to render the least service. Most of the patients were worse off for its use. Nausea, vertigo, tympanitis, intestinal gurgling, septicæmia, or obstinate constipation followed its use, or the opposite condition, sulphuretted eructations,

sinking, emaciation, loss of appetite, terrible night-sweats, and an unconquerable diarrhœa were the ultimate results in every five out of a possible six cases observed. So commonly did this occur, so shortly did they prove fatal, that at last, for self protection, I was compelled to refuse taking these cases from the hands of those physicians who unwisely used the gas treatment, and then very liberally (?) recommended the patient's friends to take their sick to some other physician. An enviable arrangement, indeed, to take another physician's incurable cases, and bear the imputation of an unsuccessful practitioner.

It has again and again been adduced as evidence of the curability of consumption, that Dr. Andrew Combe had severe cicatrices in his lungs,—proof of healed ulcerated surfaces and cavities. Many forget that he died at last of the disease. So, too, true Hunterian chancres have been healed, flesh regained, marriage consummated, and life and health, to all appearances, perfectly restored. Notwithstanding, who has not seen in the third and fourth generations the furfuraceous skin, decayed teeth, alopecia, and other signs, that stand as proof of the sins of syphilitic progenitors? In serious pus collections in these tubercular cases, nothing short of thorough aspiration, antiseptically carried out, promises even a temporary respite from the disease.

The nearest a true success I ever reached in the treatment of tubercular consumption in a practice of over thirty years, and much of that time devoted to a study of respiratory affections, was in the case of a farmer's wife. Sustaining the natural bodily functions and strength, advising pure air, careful ventilation and exercise according to ability, plenty of sleep in a good room, hot baths, drinking of hot water, and, as a last resource, tapping of the lung, washing out the cavity with permanganate of potash, carbolic acid, and bromochloralum, in the order named, following up the aseptic treatment with iodine and iodide of potash solution, and final bandaging, till healed. By this method she grew better, did her own work for one year, and by appropriate medication life was continued four years after beginning the treatment. She remained at home, enjoyed the society of well-known friends, and four years were gained. It is needless to tell you that she at last died of consumption. She might, under more favorable conditions, have lived longer, but owing to an illness of her husband's, became his constant attendant, and in his service took fresh cold, and one month thereafter died of a relapse.

Deeply-seated colds have been cured, but not when permitted to run from girlhood to womanhood. Vicarious menstrual hæmoptysis, with threatened consumption, has been completely cured; metastatic pulmonary inflammations and abscesses have been promptly cured, many bronchial troubles removed, but there is neither reason nor good common sense in declaring true tuberculosis, in its cavernous and softening stages, a curable disease. Symptoms can often be ameliorated, pains allayed, life occasionally much prolonged, even occupations resumed, but death will come sooner or later to claim his victim.

One of the worst of the consumptive's sufferings is painful dyspnœa. For this I have found nothing better than a few ten-drop doses of fluid extract of quebracho, succeeded by the remedy recommended by the British Medical Journal,* for cardiac neurasthenia. It is as follows:—

℞. Quinia sulph. . . grs. xxiv.
Mist. camph. . . ad. ℥vj.
Dil. hydrobromic acid . ℥iij.
Tinct. digitalis . . ℥ss.
Syr. aurant . . . ℥j.
Tint. nuc. vom. . . ℥ij.
M. Ft. mist.

Sig.—Half an ounce three times a day, well diluted with water. If the patient is very weak and easily chilled, give it in hot water.

It may be given safely for several days at a time. Intervals of freedom from taking should intervene, or the cumulative effect of digitalis may occur and alarm both patient and physician. In some cases of troublesome insomnia, cough, and dyspnœa, the following will often prove of some value if carefully used and proper attention be directed to the bowels:—

℞. Morphia sulph. . . gr. ⅛–¼.
Quinia sulph. . . gr. j–ij.
Lobeline . . . gr. ss–j.
M. Sig.—(One dose) at bedtime.

Pulverized sanguinaria and pulverized ipecac, gr. ss of each, may be used in lieu of the lobeline, but I have never found any substitute equal to lobeline.

The foregoing prescription should be carefully used for two or three nights only. Occa-

* 1883, New Series, No. 1, vol. xii. pp. 9–10.

sionally an addition of $\frac{1}{100}$th grain of atropine will add to its efficacy.

The coincidently occurring nervous exhaustion can nearly always be traced to the brain, especially so to the cerebellum and medulla oblongata, for consumption is more cerebral than pulmonary, both in its origin and in its continuance.

The strongest proof of the cerebral cause and continuance of consumption is to be found in the fœtuses of tuberculous mothers, prematurely born by abortion or miscarriage, in the last stage of the disease. A well-known physician and myself many years ago examined such a fœtus. It was the product of a seven months' gestation, still-born on the night of its mother's death. The head was almost negro-black, the brain much infiltrated with dark blood. But the lungs, aside from a little paler and more shrunken appearance than naturally, were comparatively sound and healthy. Even the placenta was filled with tuberculous lumps and nodules, but the lungs of the child were free. Deficient height and depth of the cerebellum were found in most cases similar to the above. Blackened heads, weak, coördinating, assimilating, and respiratory functions, from deficient development of the cerebellum and medulla oblongata were constant results.

The feebly organized cerebellum may be hereditary, but is probably as often acquired by over-exerted intellect, morbidly religious cultivation, or diseased conditions arising from numerous other causes, such as undue exposure to climatic changes, want of rest and normal sleep, overworked physical strength, grief, shame, disappointed ambition, and even syphilis occulta.

Of usual remedies, the most promising of permanent good, are:—

1. Social reformation and improved habits.

2. Dispelling the world's illusions in regard to fame, fashion, and wealth.

3. Teaching children that "he who sins will die," violated law cannot be healed, who sins must suffer, or the innocent offspring of perverted constitutions must suffer for the sins of their progenitors.

In the not distant future wise sanitation and appropriate prophylactic treatment will prevent these destructive diseases that are not amenable to treatment in their established stages.

There is not a more sensible nor more potent agent against disease than good health. In the royal presence of vigorous vitality, bacillus, vibrione, bacterium, and poisonous effluvium are completely powerless for evil. Next to good health is the substitution of a good galvanic current. It will be remembered that Philips, in his work on "Protracted Indigestion," recommends only two important remedies—calomel, in minute doses, and galvanism. The most important of the two being the latter, both equally good, but the latter comparatively the most harmless.

II.

Action of Reagents on Pus.—The following experiments on fresh pus from a tuberculous lung, and tested while the bacillii were still in a living condition, the same hour, threw some light on the actions of reagents on bacillary sputa out of the body, in contact with air. The pus was taken from a young lady's lung in the last stage of tubercular phthisis. A yellowish-gray liquor constituted the body, or cacoplasm;* this was well filled with an almost infinitesimally fine, araneous structure of fibrillæ, literally filled with bacilli pus-cells in all stages formation and decomposition and pus-granules, which last are nothing more nor less than the incipient or nascent pus-cells.

Mingling with the pus an equal volume of water, the granules appear to a better advantage. Acetic acid, a drop or two, displays more visibly the mononucleated and binucleated cells of pus. They all vary much in size, but are almost constantly globular and approximately elliptical.

Nitric acid was the only agent used that enlarged the cells and gave them an appearance and configuration resembling slightly altered blood disks. It also rendered the entire mass more tenacious, coagulating the diseased albuminoids, and causing them to turn yellow. This yellowness resembled slightly the yellowing produced by potassium bromidi. This latter agent, besides changing the color thickened and stiffened the body of the pus until it was very like unto gluten washed from flour, or left in the mouth after chewing a bulk of wheat grains. It was stiff and putty-like, and the yellow coloring was due to the chronic element of the reagent.

Potassii ferrocyanidum in a saturated solu-

* Protoplasm altered, rendered bad (*kakos*) by tuberculosis. In William's "Principles of Medicine," will be found the term cacoplastic deposits.

tion, produced the remarkable effect of partially restoring the broken and breaking cells to their originally entire condition—rather, perhaps, of retarding or completely arresting the effects of sulphuric acid and of sodium dioxide in breaking up the cells.

This fact was to my mind conclusive evidence that the ferrocyanide might nullify any good effects produced by the other two agents, or, in fact, of any other healing or pus-eliminating agencies.

Potassii hydras caused the pus liquid to become clearer but more viscid. It had no perceptible effect on the bacteria. Indeed, all forms of potash used appeared to prove the entire inapplicability of these salts for good results in the resolution of pus. A class of chemicals inadequate to the demands of pulmonary phthisis. The sodium series rendered the pus more soluble, or thinner; but the chemicals themselves were less soluble after coming into contact with it, proving thereby, with the exception of sodium dioxide, that they were more deleterious than useful.

Hydrochloric acid made the pus more glutinous, but failed to affect the bacteria.

Carbolic acid, and, in fact, all the phenylates acted most unfavorably of all the reagents employed. They coagulated, thickened, and whitened it to a remarkable degree.

Horsford's "Acid Phosphate," strong as it is in its undiluted state, was comparatively neutral in its action when brought into contact with the pus elements in their natural state. The phosphates, hypophosphites, and pure phosphorus, are evidently overrated as medicinal agents in pyæmic diseases.

Sulphuric acid wholly dissolved or disintegrated the pus-corpuscles, liquefied the mass, disorganized the granules and bacteria. The only other successful resolvent was the chlorinated soda, or sodium dioxide, of Powers & Weightman. Chloroform, however, had only a slight effect in liquefying the pus body, and did not materially affect either the cells or bacteria.

The great misfortune in the discovery of the solvent powers of sulphuric acid and sodium dioxide, lies in the fact that they were used in a state of concentrated purity and strength. Now, to attempt their introduction in full chemical strength into a vitalized organism would be very disastrous to its continued vitality. They would certainly destroy the lungs, or stomach, or both, and encompass the destruction of the patient. Without empirically testing, in even a diluted solution by spray or imbibition, their possibly beneficial results, any favorable effects must remain unknown. It is well known, however, that in careful and judicious hands many very strong agents have been successfully used in surgical cases. But to open pulmonic caverns, abscesses, and tuberculous nidæ, and use these agents therein, have never been successfully applied, because not applied at all. This use of them would be far less dangerous, and might, properly applied, prove exceedingly useful.

Yet it is well to bear in mind the dangerous qualities of the mineral acids, and the deleterious effects of chlorine and sulphurous acid gases on the respiratory organs. Any attempts to introduce them into the diseased portions of the human lungs, by inhalation or otherwise, might prove very detrimental to the healthier tissues over which they must pass to reach their field of practical utility. Inhalations have been much abused. Much harm has resulted from their indiscriminate and improper use. Aromatized terebinthinate, and balsamic inhalations are powerful agents for good or evil, according, as they may be improperly or wisely used. Their immediate effects are hidden from sight; nor should any physician subject a patient to the use of any agent or substance of which he cannot beforehand foresee its actual effects on the tissues invaded by its presence. What may be healing and antiseptic when properly used, in too great a quantity becomes a hurtful irritant, melting down and softening the tissues of a lung beyond possible restoration. It is inimical to tuberculous masses, and may be used till it becomes unfriendly to the existence of the patient as well.

For use during a severe cold, catarrhal ulceration of the posterior nares, and in the dry cough accompanying the presoftening stages of tuberculosis, I have found the following a useful article:—

℞. Chloroform . . . ℥j.
Sulphuric ether . . ℥j.
Balsam tolu . . . ʒj.
Oil of tar . . . gtt. xx–xxx.
Hydrastia sulph. . . grs. x.
Ol. citronella and rose, āā. gtts. v.

M. Sig.—Drop on a clean cloth ten drops and inhale. So soon as expectoration and secretion of the Schneiderian membranes are properly restored, cease its use. Do not inhale till dizziness ensues.

Accompanying this inhalant, a good cough medicine is made as follows:—

℞. Syrup tolu . . . . ℥iij.
Syrup ipecac . . . . ℥j.
Simp. syrup squills . . . ℥j.
Tinct. lobelia . . . . ℥j.
If there is fever, add Spts.
æther nitrosi . . . ℥j.
Or, if much pain and distress,
comp. tinct. opii et camph. ℥j.
M. Ft. mist.

Sig.—One teaspoonful once in every one to two, three, or four hours, according to the severity of the cough and the strength of the patient. When the cough is only a daily or nightly spell of an hour or two, then give at that time, every half-hour or hour, in less doses, and always well diluted with water,—say three or four doses. It must be borne in mind that sometimes consumptives will not bear expectorants nor alteratives at all, and syrups in particular, if subject to acidity of the stomach. In such cases it is best to use counter-irritants, keep the extremities warm, and the room comfortable, and the food should be rich, nourishing, and easily digested and readily assimilated.

The following counter-irritant is perhaps one of the best I have ever used:—

℞. Oil of mustard . . . ℥j.
Oil of capsicum . . ℥j.
Cocaine, hydrochlo. . . grs. xv.
Morphia sulph. . . . grs. x–xx.
Chloroform . . . ℥ij.
Hydrate chloral . . ℥j.
Glycerine . . . . ℥ij.
Or alcohol . . . ℥iv.
Olive oil . . . . ℥viij.
M. Ft. mist.

Sig.—Rub a few drops carefully over the seat of the pain. If the pain is exceedingly severe, as in pleuritis, etc., being careful not to get it in the eyes, mouth, or about the genitals. (It should not touch an abraded surface.) Then wet a small muslin or linen rag of proper size to cover the limit of pain. Apply it at once; dip a flannel doubled out of water as warm as possible, wring dry and cover it; in a few minutes all pains will vanish. Be careful to remove soon, if you do not desire a blistered surface; omit morphia and chloral, if the patient has much headache or constipation, and use menthol, ℥ss.

The statement has been made that in the absence of bacillus tuberculosis, or after its destruction, the patient may die of phthisis. This I know to be true.

An elderly colored lady patient, whose lungs had so far healed as to inspire her and her friends with the confidence of an anticipated recovery, from whose lungs all bacilli had disappeared, was one day stricken with the facies hippocratica, and shortly afterward died from exhaustion and evident cerebral trouble. Two weeks before dying she had foolishly done several washings, in order, as she said, to prove to her grumbling friends and relatives that she was still willing to work even under the severest ill health. Some of them had claimed that she was more lazy than sick. Having no nervous force to spare, and having exhausted her stock on hand, she never rallied from the exhaustion produced by her unwise and untimely exertion.

Another female patient, but white, was hopeful, cheerful, and able to be out of bed at the visit before my last, with an absence of bacilli from the sputum, was suddenly taken with a pain in the head and spine, and died from nervous exhaustion and want of assimilation, after the most serious attacks of diarrhœa, night-sweats, and expectoration had all seemingly been banished.

Another patient, a beautiful and intelligent white girl, after a thorough cod-liver oil, hypophosphite, eucalyptol, and alterative treatment, and the use of proper inhalations became seemingly better,—all bacilli disappeared from the sputa. Relapse followed with a continuation of the most approved treatment, but she is doomed. The microscope reveals a total disintegration of all tubercles, pus-cells, and bacilli under the treatment pursued, and a partial fibrillation in their stead. Pus will form again, her lung will soften, and she will die from sheer nervous exhaustion, as she is now too weak to take any exercise whatever, or even to get out of bed or in it without assistance.

Hence, it is not only assumed, but proven to my mind, that consumption may destroy life after all bacilli have been removed from the lungs of an afflicted patient.

Truly, tubercular consumption is as much a disease of the cerebellum and medulla oblongata as it ever was of the lungs and blood. It is even more cerebral in its origin than pulmonary. By aseptic medication and inhalation, by proper alteratives and tissue-builders, you may destroy the bacilli, improve your patient, but an unbalanced organization remains, and your patient will die in spite of it all, unless you can succeed in restoring the lost balance of temperament, force, and tissues.

A celebrated Italian philosopher proved that maggots could not be produced in decaying

animal carcasses if kept hermetically sealed from the deposit of eggs by the blow-fly. A suppurating lung might be kept free from bacilli; they can only arise in a suppurating lung. Animal flesh will decay without maggots, and lungs will rot in consumption without bacilli, and melt down under the consuming fires of a destructive tuberculosis. Look well to your laurels, ye who believe in the bacillus tuberculosis alone as the cause of consumption. Ptomaines, tyrotoxicon, bacilli, and vibriones always existed and always will exist, but until we can understand why the whole human race have not been destroyed by these "uncanny folk;" why good health is the best preventative against all diseases, whether of germinal origin, idiopathic or symptomatic in character, why inherited or acquired vigor is not susceptible to their ravages; why the absence of these germs is no bar to the diseases they are said to produce or are wholly caused by them, we must, till then, not be too positive in our etiology, nor too certain—as in the use of sulphuretted carbonic acid gas—that we are not mistaken, for there may be more potent and visible agencies acting as the causes of disease, and more efficient agents in their production.

The positive cures for consumption have never yet been found. Stabbing in the dark at an enemy and killing a friend may not be a crime, but it is an unchristianlike and inhuman misdemeanor. Consumption is not always due to a single cause, nor is it a morbid unit. The body is one, but it is a hydra-headed monster of unwieldy proportions, and the force that destroys one of its heads may not even disquiet another. As the sequel of a pleuritis, pneumonitis, or bronchitis, it may begin, continue, and end as a mucous or serous disease. As a metastatic chronic inflammation, sympathetic at first, organic at last, it may terminate as a purely pulmonary disease. Protracted indigestion, from waning vital force, may produce it. Abdominal or hepatic troubles may produce constipation of so violent a character as eventually to poison the lung tissue through an acquired septicæmia. The breaking down both of the endangium or blood membrane and nervous forces, by improper sexual habits, undue tension of the brain and passions from overwork and overuse, may so poison and alter the crasis of the life current as to leave but one point of exit, and that a diseased lung.

Great wisdom, therefore, is necessary to guide the physician to the proper therapeutics of so formidable a disease as pulmonary consumption, because each individual case is a genus and species of its kind. It stands upon its own record for treatment. A thousand varieties will require as many deviations in treatment; without the judgment trained for these especial cases what boots the success?

A strictly hygienic course may prevent one case that a million remedies could not heal. Many can only be ameliorated; unless, as in one case, the entire right lung was extirpated; it might be amenable to surgery. One thing is certain, the bromides are usually hurtful and inadmissible; so, too, I have found the iodides often injurious, especially in large doses. I saw especial benefit in one case by dissolving barely ten grains of iodide of potassium in one pint of snow-water, and giving one tablespoonful *ter die*. The bromides almost invariably reduce the temperature, increase the coughing, irritate the trachea and bronchial tubes, and aggravate the weakness. The use of the hydrobromic acid in the prescription given in this article is strictly conformable to experience in preventing the symptoms of quininism, the tinnitus aurium resulting from quinine is wholly prevented, besides it is compatible with quinine, while the bromides render it gnmmy and prevent its solution.

Digitalis, carbonate of ammonia, atropia, or belladonna and strychnia—Fothergill's cardiac stimulants—are far better than the bromides. Of all the agents containing strychnia, the ignatia is to be preferred. Very little of it, however, should be used. These remedies are far better than the whole farrago of oils, phosphates, and nutrients commonly prescribed. No alterative stronger than the weak solution of potassii iodidum we have recommended and fluid extract of yellow dock should be used. Nearly all alteratives are more or less depressing in character.

Bromic ether is sometimes beneficial when inhaled for the dyspnœa attending these cases; so, too, aspidospermine, administered hypodermically by careful hands. A bucket or pitcher of cold water, kept under the patient's bed, and renewed daily, has, to my positive knowledge, wholly removed and prevented the harassing night-sweats so common in the last stages of consumption.

An excellent salve for bed-sores will be found in the following:—

℞. Oleate zinc . . . . 3j.
Hydrastis pulv. . . . 3j.
Carbolic acid (pure) . . . ♏xxx.
Petrolina (or vaseline) . . . 3j–ij.
M. Ft. ung. mollis.
Sig.—Apply once to thrice daily.

Above all else, a life devoted to purity, industry, temperance, and equanimity is to be encouraged and desired. Freedom from all excesses, and a total abstinence from all narcotic stimulants and excitants. Plain, simple, nourishing food, and unbolted wheat meal bread. Regular, healthful, but moderate exercise in the open air, with a proper and timely use of galvanism, will go farther in restoring the lost balance of Eden, and in ameliorating and preventing tubercular consumption, than all other therapeutical agencies combined.

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*ECZEMA OF CHILDHOOD.**

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I PROPOSE, to-day, to bring before this learned society a topic for consideration which, for years, has had a peculiar interest for me, and I hope to be able, in a certain degree, successfully to make it interesting to you. The topic in question is eczema of childhood. As you will kindly notice, I say eczema, not eczemæ; and I hope you will agree with me that the plural form is a misnomer, in so far as it should signify that we have more than one disease which can be called eczema. We have many varieties, but only one disease. In looking over the literature of the subject, I find myself swamped in a quagmire of names as bewildering as the oft-quoted confusion of languages at Babel. If you will permit me, I will hence call the disease with one generic name —eczema infantium, from infans—child—*i.e.*, an eczema pertaining or belonging to children —and divide it into acute and chronic, partial and general, or universal. In those terms I will include all its forms, whatsoever they may have been called. I may, when I begin to speak about the treatment, have reason to use some of those names, to certify the certain localities in which the disease crops out.

Definition.—Let us first define the nature of this disease. Tilbury Fox calls it "a catarrhal inflammation of the skin," and says further, that he is "glad to notice that Drs. McCall, Anderson, and Rindfleisch have adopted his views." (See Fox's "Atlas of Skin Diseases," Part IV., p. 26.) Eichorst puts it under Hebra's "exudatives, suborder dermatitis vesiculosæ," and satisfies himself with saying "its causes may be local or general." (Eichorst's "Handbook of Medicine," vol. iii. p. 325.) Veiel, of Cannstatt, defines it as "a simple, non-contagious catarrhal inflammation of the skin, acute, or more frequently chronic, in its form, beginning as an erythematous redness or as an eruption, either scattered or in groups of papular vesicles or pustules, or all of these together. It is associated with more or less redness or swelling of the skin, and with severe burning or itching followed by the appearance of moisture and formation of crusts, partly yellow and gummy, partly green and brown, or a red scaly eruption upon a red base." Further, he considers it, and so does Niemeyer, precisely analogous to catarrh of the mucous membranes. (Ziemsen's "Handbook of Diseases of the Skin," p. 171.) Henoch confines himself to saying: "By a purulent metamorphosis of the contents of vesicles, eczema is converted into impetigo, the pustules of which grow larger, and after their rupture, usually form thick, honey, yellow scabs by desiccation." (Henoch, Lectures on Diseases of Children," p. 340.) Meigs and Pepper define eczema and herpes "hyperæmias with serous effusion into corium, together with escape of leucocytes into the same tissues, tending to give rise to sero-purulent discharge and crusting, though sometimes terminating in simple desquamation." (Meigs and Pepper, "Diseases of Children," p. 933.) Duhring and Stelwagen, in "A System of Practical Medicine by American Authors," define it "as an inflammatory, non-contagious disease of the skin, characterized in the beginning by erythema, papules, vesicles, or pustules, or a combination of those lesions, pursuing an acute or chronic course, accompanied by itching and infiltration, terminating either in discharge and formation of crusts, or in absorption or desquamation." Prof. James C. White, of Harvard, in "The International Cyclopedia of Surgery," defines it in this manner: "Eczema is an inflammatory affection of the skin, acute or chronic in its course, characterized by a great variety of surface lesions, and accompanied by itching." Niemeyer defines it "as a diffuse dermatitis,

* Read before the Interstate Medical Association at their meeting in Eau Claire, Wis., November 1, 1887.

with superficial serous exudations. It is plain that the formation of vesicles must be of frequent occurrence, but it is equally certain that the presence of vesicles is by no means one of its constant or essential symptoms." Malcolm Morris defines it thus: "Eczema is an acute, inflammatory disease of the skin, characterized by an erythematous papulo-vesicular or pustular eruption, which usually gives rise to a moist, reddened surface, and from which a serous discharge, that stiffens linen, exudes freely. In the latter stages it takes the form of a dull-red or brownish surface, covered with scales. A sensation of burning or marked itching accompanies it." (Bermingham's "Encyclopædic Index of Medicine and Surgery," p. 233.)

Now, although in the main I do not differ from the above-quoted learned gentlemen, still in some points I beg to be at variance with them.

1st. In Tilbury Fox's definition I take exception to the words catarrhal inflammation, and should like to substitute the phrase catarrhal condition. The same criticism will bear upon Veiel's definition. 2d. I take exception to the word non-contagious in Veiel's, Duhring's, and Stelwagen's definitions, for reasons I will state further on. With those exceptions, Veiel's is the most clearly stated of them all, only it is too verbose. 3d. Meigs and Pepper probably come nearer to my views than any other, only I should like to use the word catarrhal conditions instead of "hyperæmiæ," and giving hyperæmiæ as one of the symptoms. 4th. Henoch does not define it, but only gives its course. 5th. Duhring and Stelwagen's definition is clear and concise, but I take exception to the word non-contagious. 6th. Dr. White's is not sufficiently distinct, or to the point. 7th. Morris's definition is faulty and misleading. *Firstly*. Because he states it to be an acute inflammatory disease of the skin, whereas it ought to read "an inflammatory disease, either acute or chronic." *Secondly*. Because the characterization is not sufficiently clear. It ought to read "manifesting itself with erythema, papules, vesicles, or pustules," etc. Niemeyer's definition is good.

Now, gentlemen, if you, after this criticism, will allow me to define the disease, I will offer the following definition: Eczema is a catarrhal condition of the skin, manifesting itself, in its milder forms as hyperæmiæ, papules, and vesicles; in its graver forms, as pustules, crusts, squamas, traumatism, from scabs; and, lastly, forming fissures and rhagades from indurating infiltration; accompanied in all its forms with either burning or itching. At times seemingly contagious or infectious, and at times not. I know I step on dangerous ground, and come out with a startling theory, when I do claim eczema to be at times contagious or infectious, in defiance to all the testimony to the contrary. But I have so often noticed, in cases of eczema of the graver forms, that the nurse or mother attending the baby has had a milder form of eruption on the hands, and often on the face and lips, from contact with the weeping or crusting surfaces of the child. It has also appeared to me that, when the mother has been affected with an eczema of the mammæ or nipple, in a short time the child has been affected with either erythema or vesicles on those parts of the face and lips that have come in contact with those eczematous patches of the mother; and it has always seemed to me more reasonable to presume that its cause was local —*i.e.*, infectious or by contact—than to hunt for neuroses or heredity in those particular cases, especially as I can well remember several cases that have recovered as soon as attention has been paid to the cause.

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When I have had to treat eczema of the graver form in children, especially when in the face, in a short time the hands, and no other part of the body, have been affected with the disease. From these observations, I do claim that at times eczema partakes of the character of impetigo contagiosa, if indeed that disease can be called anything but a very acute and virulent form of eczema. Eczema, therefore, in my opinion, ought not any longer to be classed among the non-contagious diseases, but ought to be considered as a contagious or infectious eruption of the skin, perhaps of a very mild type, but still manifesting itself, at times, as such. I hold, consequently, that equal care and restriction should be taken with eczema as with other contagious diseases of the skin. It has also, at times, occurred to me that it probably was caused by some infectious material; or, in other words, that it was infectious, and that this has been the reason why we are so often successful in its treatment with germicides, such as the preparations of hydrargyrum, bismuth, zinc, carbolic acid, salicylic acid, resorcin, and all the remedies belonging to the tarry group;

and that just herein has lain their intrinsic value.

Niemeyer and other authors say that they do not know why mercury, especially white precipitate, does act beneficially; but I believe that in those cases the underlying "causis morbi" has been some yet unknown microörganism, either fungoid or animal.

Causes.—These are either local or constitutional. The local are irritations of different kinds, and among those I will call particular attention to three. 1st. Imperfect cleansing of the scalp and skin from the varnix caseosa or the sebaceous matter, immediately after birth, and during the first month of childhood. 2d. The use of harsh and caustic soaps, often made from rancid grease and resin, and probably containing either ptomaines, or possibly microörganisms. 3d. Harsh and rough clothing and towels.

The constitutional and general causes may be manifold. The seemingly most prominent is dentition, and therefore depending upon either a nervous or some stomachic derangement; or possibly both. The febrile disturbances of childhood seem to play an important part in its development, especially if we include miliaria among eczema.

Heredity is another important factor, constituting what some authors call the "herpetic diathesis," or dyscrasia. Scrofula and struma are two very active causative agents. But often we are left in the dark as to the cause, as the child is seemingly enjoying the best of health, and puts in a blooming appearance, with the exception of the irritating eruption.

Symptoms and Course of Disease.—The first symptom is generally an erythematous spot, which may be so transient in its course that it may be entirely overlooked, and it may at once go on to desquamation; but generally it is followed by a papule and that by a vesicle, and now it may either stop short and go on to absorption and desquamation, or it may develop further by the breaking of the vesicle (by external violence, scratching, and rubbing, or by internal pressure) and formation of crust; this crust again acting as an irritant, producing traumatism, and the red, weeping surface which characterizes e. rubra et madidans. On the other hand, the pent-up, irritating lymph, mixed with leucocytes, partially confined by the crust, may act as a developing agent, the lymph undergoing purulent degeneration, burrowing and eating its way deeper and wider, the crust all the while getting thicker, increasing, not only by desiccation, but also by augmentation, and in this manner forming e. pustulosum l. crustos, os. seu impetiginosum l. impetignodes l. serpiginosum. If we now remove the crust, we shall find the underlying surface red and angry-looking, often with a grayish deposit in the bottom, the e. diphtheritica of some authors; or we may even find the underlying surface honey-combed from the burrowing pus. Larger papules, or rather furuncles, will now be present, which often will have to be opened. The lymphatic glands of the neck and maxilla will be swelled, and even at times suppurate, and so may even, as in one case with me, the parotid glands, probably from pyæmic absorption. The disease will now either be stationary, *i.e.*, chronic, or go on to absorption and scaling, e. squamosum and its sequela cure. It may further be either partial or universal (Niemeyer), the universal form being the exception, and very rare. In children it seems to have a predilection to the scalp (porrigo larvalis, e. larvale, tinea larval, crusta lactea, e. capitis l. capilliti, e. granul. l. tinea granul., etc.). The face (e. faciei l. crustosum, e. rubra et madidans, impetiginos, et impetiginodes, e. squamosum), extending to the eyes, ears and lips (e. conchæ, labiale, palpebrarum et superciliarum). The nuchæ (e. nuchæ). The extremities (e. extremitat, et antebrachiorum). Its course is either acute or chronic, more frequently the latter. At times it may be both acute and universal, and it seems then to partake of the character of the dermatitis herpetiformis of Hebra, and is then a grave disease of fatal importance.

Treatment.—As to treatment, I will, with your permission, only refer to treatment which I have in my experience found most beneficial. In the milder forms of eczema of the scalp and face, very often only baths of a soothing character, and inunction of a weak, carbolated vaseline will be necessary. Where this does not suffice, I have found a soothing application after the following formula of the greatest utility:—

	Parts.
℞. Acid. boric.	5.00.
Biboratis natrici	10.00.
Glycerini et aq. rosarum āā	60.00.

Sig.—Apply to irritated surfaces three or more times a day, or a salve of the following composition:—

	Parts
℞. Subnitratis bismuth. . .	2.50.
Oxidi zinci	5.00.
Ungt. aq. rosarum . .	60.00.

Sig.—Applied morning and night—face and scalp to be cleansed either with Hebra's spir. saponis kalin. and dilute alcohol, equal parts, or with castile soap once a day, and wiped thoroughly dry.

In the more severe forms, with red, weeping surfaces, nothing is better than the German dusting powder, consisting of acid. salicylic, 1.00; oxid. zinci, 5.00; amyli vel talci subtilliss. pulv. 45.00, to be dusted on the raw and weeping surfaces. After these have been thoroughly cleansed with either of the abovementioned soaps (and right here I want to say that this powder, either alone or combined with subnitr. of bismuth is the very best remedy for eczema intertrigo) once a day the surfaces should be rubbed in thoroughly with spir. sapo. kalin l. tinct. saponis viride, United States Pharmacopœia, diluted with equal parts dilute alcohol. If the trouble is subacute or chronic, my plan is always to combine the soap with a tarry preparation, like ol. cadini or ol. rusci—one part oil to ten parts of the soap. If, again, the trouble is impetiginous or pustulous in character, the best treatment I have found is, first, to use the full strength of Hebra's spir. saponis. kalin. or tinct. sapo. viride, of the United States Pharmacopœia, rubbing it in with a piece of flannel until all the crusts have been removed entirely, then wiping it as dry as possible, then second, painting it (the surfaces) with a solution of nitrate of silver, varying according to age and severity of disease, from one in fifty to one in ten; and, third, lastly anointing the surface after the silver solution has dried with a salve composed after the following formula:—

	Parts.
℞. Resorcini	1–2.00.
Oxid. zinci l. subnitr. bismuth	5.00.
Ungt. aq. rosar.	30.00.

Sig.—The salve to be used twice a day, and the soap once daily, and the silver solution first once daily, and then four, three, two, or one times a week.

I have yet to see a single case of chronic eczema in children of the pustulous character, not to yield to this treatment. Of course, if there have been constitutional symptoms, or if a constitutional dyscrasia has been the dominant cause, attention has been paid to them, and they have been treated as the case demanded, with laxatives, salines, diuretics, carminatives, febrifuges, and alteratives. Among the latter I will especially recommend iodide of iron, either as syrup or in form of powder (ferri iodidi sacch. United States Pharmacopœia), not to be used too sparingly, and arsenic. It is surprising in what doses you may give arsenic with impunity, even to very small children. I had one case where I for months administered three milligrammes ($\frac{1}{20}$th grain) of arsenious acid four times a day and only with the happiest result.

It would on first thought seem that the strong and caustic green soap used in the preparation of spir. sapon. kalin and tr. saponis viride would be painful and smarting for the delicate tissues of the child; but it is not so. It seems that the catarrhal condition of the skin and underlying tissues render them insensible to the caustic action of the soap as well as to the nitrate of silver solution. I have often applied solutions of one in ten or one in fifteen strength to large surfaces of the face, arms, buttocks, scalp, and nucha, without even the uttering of a cry or a wail from the little sufferer. It even seems to further their well-being. Furthermore, I can positively state that the soap and nitrate of silver will absolutely rid you of the most annoying symptom—the unbearable itching and burning sensation. When of the squamous form I have found that on the face the best preparations have been a salve, containing:—

	Parts.
℞. Hydrarg. ammon. . . .	2.00.
Resorcini	5.00.
Ungt. aq. rosarum. . .	30.00.

Sig.—Use twice a day, and a liquid tar soap, made after the following:—

	Parts.
℞. Ol. cadini	20.00.
Spir. sapon. kalin l. tinct. sapon viride . . .	100.00.

Sig.—Use as a soap, rubbing surfaces thoroughly twice a day.

The soap to be used first and the salve immediately after. When on the scalp the best remedies have been the same liquid soap, and either an oil containing ol. cadini, 20.00; balsam. Peru, 5.00; ol. olivæ, 75.00—use twice a day; or a salve made up from this formula:—

	Parts.
℞. Hydrarg. ammoniat. . .	2.00.
Resorcin.	5.00.
Ol. cadini l. rusci . .	5.00.
Ungt. aq. rosar. . . .	25.00.

Sig.—Use twice a day.

The same directions regarding the soap as apply to it in other places. Instead of using cold cream, which I prefer, you can use either vaseline or lanolin in all of those formulas for salves. Besides these remedies, I generally direct the mother or nurse to bathe the child once a day in warm water containing a little borax or bicarb. natric., soda, and afterwards to anoint child either with olive oil or, preferably, vaseline. A habit with me is always to inquire very carefully into the habits and health of the mother, as well as to the diet and supply of milk, if still nursing; and if I find any errors, either in the mother's health, habit, or diet, I correct them, if possible, as well as the health and diet of the child.

Among the internal remedies which I have found useful I want to call your attention to a remedy formerly used very much in diseases of the skin, but now obsolete, or nearly so. This remedy is antimony. In many cases of strumous diathesis, with a rachitic look and appearance, I have found no preparation act as nicely as the following:—

	Parts.
℞. Bicarb. kalici	5.00.
Tr. rhei arom.	15.00.
Tr. cascarill.	10.00.
Vini antimonii	5.00.
Syr. rhei	25.00.
Aq. ment. pip. . . ad	90.00.

Sig.—One-half to one teaspoonful three or four times a day.

Of course, in those cases I always prescribe iodide of iron or potash and codliver-oil, either in the beginning or course of disease.

I have now as nearly as possible given you an outline of the treatment which in my practice I have found most beneficial to combat the disease in children. I will only add that among the many preparations recommended by several authors, you will probably find the best to be: Ungt. oxid. zinci benzoati, United States Pharmacopœia, ungt diachylon Hebræ, and best prepared by melting together equal parts of empl. plumbi, United States Pharmacopœia, et ol. olivar., adding enough oil of lavendar, or bergamot, or rosemary to suit. The United States Pharmacopœia ungt. diachylon is too hard for use on children. Niemeyer's salve of white precipitate one to eight or ten of salve, solut. chloret hydrarg. corros. (0.05 0.10 to 30.00) Veiel's and other authors salicyl. zinc salve (acid salicyl. 1.00 oxid. zinci 5.00, ungt. aq. rosar. vel lanolin 30.00) are of more benefit than any other. In the more chronic forms you will find ol. cadini, ol. rusci, ol. empyreumatic pini l. picis liquid., and the various preparations of green soap, recommended by different authors, more useful than others. But in my opinion in those cases resorcin is of more value than all others combined. I have never had opportunity to see a case of acute eczema universalis in a child, and must therefore refer you for its treatment to works treating on diseases of the skin.

Prophylaxis.—I will now speak a few words about prophylactics. 1st. It is of greatest importance to thoroughly remove the smegma or sebaceous matter from the scalp and body, especially between the thighs under the armpits, over the nuchæ, and in the folds of the knees. This should be done immediately after birth, and by rubbing those parts first with vaseline or some other non-irritating, greasy substance, afterwards washing with lukewarm water and some bland non-irritating soap like Castile, never allowing any of the coarser soaps to be used and then thoroughly wiping dry. It is sometimes impossible to remove this often caseous varnix entirely until repeated inunctions with vaseline or oil. 2d. Baths are among the very best prophylactics which we have at our command, but they should always be used with moderation, and it will be a good plan to always use a little bicarb. soda or borax in the water, taking precaution to see that the soap is mild and bland, and of an unirritating kind. After the bath the child should be carefully dried, not rubbed, with a soft towel or flannel, taking care that no rubbing or irritation is produced. If any suspicious erythematous or moist patches can be discovered, they should at once be dusted over with some mild dusting powder, such as corn-starch, talcum, lycopodium, or, still better, the dusting powder previously described while speaking of eczema of the face.

While speaking of bathing I cannot but warn you of the baleful influence of a too free use (with the subsequent rubbing and irritation) of this prophylactic measure. It should always be used with great moderation. 3d. The clothing of the child should consist of the softest and most unirritating substances, and preferably of white or undyed material, to prevent a possible danger from poisonous dyes. 4th. The health and diet of the mother should be carefully inquired into, as well as that of

the child. Many times the underlying or dormant cause of an incurable, or nearly incurable, case of eczema infantium will be found to be either physical or psychical condition of the mother, and the materis l. causis morbi is taken into the system with the vital-sustaining, life-giving fluid—milk.

Now, gentlemen, I have told you all I think of that can possibly interest you about the eczema of children, as I have found it. If I have been able to bring out some new thoughts, or if I have been able to keep up your interest long enough to listen to my dry discourse, I am fully repaid for my labor.

SELECTED ARTICLES.

*THE GYNECOLOGICAL SECTION OF THE NINTH INTERNATIONAL MEDICAL CONGRESS AT WASHINGTON.**

I CANNOT complete the report which I promised you concerning the proceedings of the Gynecological Section of the Ninth International Medical Congress without a few more words to emphasize the impression which this Congress has left with me.

It was sufficiently known that the men who had the Congress in charge had to struggle with the most varied difficulties. The difference of opinion in the medical profession in America had in a manner so come about that the rupture was not to be compromised. Without doubt many of the best-known literary medical men of the United States held themselves aloof. Besides, they made every exertion to keep away distinguished men outside of the United States. This only too well succeeded, I am sorry to say. Many of the most prominent men in every branch of medicine and from all parts of the world received the invitation, only to decline at the last moment or to let nothing further be heard from them. On this account there was largely wanting in the Congress that element which enhances the value of such an assembly. Generally, it is not the local talent that is most prominent at a medical congress, since the precedence is naturally conceded to those coming from a distance. Also there should be taken into consideration that Washington as a city at this time of year is wanting in the attraction of the National Congress, and the citizens in better circumstances still remain at their country seats; and also that the leaders of the Congress were not residents in Washington. Notwithstanding all these circumstances, any reasonable man must admit that the officers of the Congress and their friends may be satisfied with the results of their efforts. The words of thanks which I, at the final sitting, speaking for the German visitors, delivered, were the expression of my full convictions.

Of the English specialists there were present: Simpson (Edinburgh), Graily Hewitt (London), Lloyd Roberts (Manchester); from France, Charpentier, Doléris, Apostoli; from Canada, Trenholme and Sir James Grant; Charles, from Bombay (at present in Rome); Bales-Headly, from Melbourne. Besides myself were V. Campe (Hanover), Dirner (Hungary), Cordes (Geneva). Besides a number of professors from medical schools in the western part of the country, there were Bozeman from New York, Cushing (Boston), Heitzmann (New York), Dunlap and Kimball, the well-known pioneers of ovariotomy in America, and many others of wide repute.

The meetings of the sections were very well attended, and there were a few female physicians here, as well as at the meeting of the American Gynecological Society in New York the following week. Bozeman read a paper, entitled, "Drainage of the Bladder, Kidneys, and Uterus through the Vagina, with and without graduated pressure, for the Cure of Urinary and Fœcal Fistula." He considered of importance a wide opening of the vesico-vaginal septum in order to introduce his drainage tubes through the ureter to the pelvis of the kidney itself. He exhibited the instruments he preferred to use. His method of drainage has served him so well in other diseases of the kidneys that nephrectomy and nephrotomy have not been necessary. In discussion Graily Hewitt approved of Bozeman's method.

A paper by T. Moore Madden (Dublin) on "Sterility" was read by the Secretary. Prof. Wathen (Louisville) read a paper, "Rapid Dilatation of the Uterus," which he earnestly advocated, and showed instruments for the operation. This was followed by an animated discussion on the merits of the

* Report of A. Martin. "Deutschen Medicinischen Wochenschrifft," 1887, No. 43.

question. A contribution from Dr. H. R. Bigelon, on "Conservative Gynecology," was read by Dr. Garnett, of Washington. Dr. E. W. Cushing spoke on "Malignant Degeneration of Glandular Hyperplasia of Uterus," of which he had made a long study. He has never been able to prove the change from hypertrophic glands to a carcinoma. He accepted the theory that carcinoma develops from the infiltrated round cells in the connective tissue, and thence includes the new-formed glands. He believes that carcinoma is due to a specific bacterium, as is tubercle, syphilis, and leprosy, which has its own peculiarities. This is to be considered in the method of treatment. An eroded cervix is the channel through which the carcinomatous infection enters the tissue. A series of excellent photo-micrographs by Dr. Parker, of Lowell, were used in illustration.

Dr. Dunlap, of Ohio, the oldest ovariotomist in the United States, created great interest in the report of his first operations for the removal of cystic ovaries, in 1843, when he received great opposition. Dr. Kimball, of Lowell, who is recognized in the literature as the oldest living pioneer of ovariotomy, narrated similar experiences. Dr. Bozeman described the first ovariotomy which was done in America with the use of chloroform by Miller.

Dr. Taber Johnson discoursed on the "Treatment of Threatened or Commencing Peritonitis after Laparotomy by Brisk Purgation." He recommended calomel or some other similar remedy in large doses until the full effects were produced, and he reported three cases treated in this manner.

Dr. Burton (Liverpool, Eng.) contributed an essay on "Extirpation of the tubes and ovaries."

Alexander's operation—shortening of the round ligaments for the relief of the retroflexion and prolapse—was earnestly advocated by Dr. Kellogg, of Michigan, and Dolèris, of Paris.

Graily Hewitt read a paper, "Relation between Changes in the Tissues and Changes in the Shape of the Uterus." He regarded the softness of the uterine tissues at puberty and after childbirth to be an important factor in causing flexions, and that the disturbances of circulation in such cases produce cervical catarrh. Endometritis in gonorrhœa and syphilitic cases appears to be of secondary origin rather than primary.

Dr. A. L. Smith (Montreal) also emphasized atony of the uterus as a source of changes in form and position of the uterus, and recommended Apostoli's method of intrauterine galvanism in gradually increasing doses. Apostoli (Paris) himself, in an essay on Electrolysis, advocated its use for neuralgia and for pains located in the peri- and para-metrium. His exposition of electrolysis in the treatment of myomata and extrauterine pregnancy was warmly received by the Americans in Washington, New York, and Boston, where he illustrated its use by personally applying it to several patients.

The operative treatment for uterine myoma was expounded by Drs. Trenholme (Montreal), Marcy (Boston); electrolysis was recommended by Apostoli, Menière (Paris), Martin (Chicago), Cutter (New York), while Dr. Nelson, of Chicago, advocated the use of ergot. Dr. Marcy treats the stump by the intraperitoneal method. He has found in a fibromyoma a peculiar characteristic bacillus of which Dr. Nelson (Boston) has succeeded in making cultures, and he demonstrated the histology and pathology of the growths by a large series of photo-micrographs with the stereopticon. Dr. Clarke (Cambridge) read an interesting paper upon urethral caruncle, which was also illustrated by a series of microscopic preparations projected upon the screen.

Dr. Weeks (Portland) reported a case of pregnancy complicated with myoma, and brought forward the question as to the best methods of treatment. Dr. Lawrence (Bristol, England) raised the question whether a woman who has a fibroid ought to marry, which he answered in the affirmative. Dr. Cordes, of Geneva, read two papers by Veuillet.

In cases of advancing carcinoma Dr. Cordes recommended a mixture of equal parts of oil of turpentine and sweet-oil to diminish the pain, lessen the hemorrhage, and deodorize the secretion. Dr. A. Reeves Jackson (Chicago) spoke on the present method of surgical treatment of uterine carcinoma. He denounced total extirpation through the vagina, and considered it less valuable than high excision, citing statistics, especially those of Hofmeier.

Your reporter has previously spoken concerning total extirpation of the uterus through the vagina. In this connection both of these questions must be propounded: 1. "Is the vaginal total extirpation so practicable with the

prospect of immediate results that it can be recommended as a legitimate operation?" 2. "What are the permanent results?" From my own tables, and those of Olshausen, Leopold, Fritsch, Staude, Schroeder, and Hofmeier, I count up an operative mortality of fifteen per cent. in this connection out of my own figures. I have only taken those into account where the extirpation was a radical one. Küster has reckoned up the mortality of amputation of the breast at 15.6 per cent. And who would have any doubt of undertaking amputation of the mammæ in a suspicious disease?

In respect to the second question, the material at hand shows that, taking into account the short time of observation, the permanent results are perfectly equal, in cases operated upon, with the best of the other methods at present in use, and in certain respects are better. At all events, a condemnation of total extirpation, in cases of carcinoma, is inadmissible according to present results.

On both papers, mine and that of Jackson, there was a very earnest discussion, in which Graily Hewitt, Dirner, Doleris, Marcy, L. Roberts, and many others spoke in favor of total vaginal extirpation, and requested of me a thorough statement of the manner of operating and details of operation. At present vaginal total extirpation has been only occasionally performed in America, and it has not attained the best results.

THERAPEUTIC NOTES.

BLEPHARITIS.

In cases of blephartis, Professor Keyser has excellent results from his "pomade" anti-blepharitic:—

℞.	Oleopalmitate of lead	20 parts.
	Almond-oil	10 "
	Simple cerate	5 "
	Balsam of Peru	1 "
	Liquid tar	½ "

M. Sig.—Spread a cloth with this and allow it to lie on the inflamed surface each night.—*Medical Times.*

COUGH MIXTURE.

℞.	Pot. citrate	℥j.
	Lemon-juice	℥ij.
	Syrup ipecac	℥ss.
	Syrup, simple, enough to make	℥vj.

M. Sig.—Tablespoonful four to six times daily. *Therapeutic Gazette.*

LATE SYPHILIS AFFECTING THE NERVOUS SYSTEM.

An interesting case was exhibited at Professor Woodbury's clinic, January 9th. Three weeks before the same patient, a man of fifty years, had applied for relief. He had paresis of the legs, pains in back of head, was unable to pass water without a catheter, and had impairment of memory. For two years and a half he had been making the rounds of the hospitals, but with no success. Specific treatment was given him of one-twelfth grain hydrarg. bichlor., and four grains of iodide of potassium, *ter die.* In four days the retention of urine ceased, and on the 9th of January the patient waxed eloquent for joy, saying that the various pains had left, that his memory had come back, and that his strength had returned to such a degree he was shortly going to work.—*Medical Times.*

LANOLIN AND BACTERIA.

Dr. A. Gottstein, of Berlin, has recently made some interesting experiments in regard to the behavior of pure lanolin toward bacteria, and has found that lanolin will not support the life of bacteria, and that bacteria do not penetrate a thin layer of lanolin. The reverse of this is true in regard to lard and suet, in which he found bacteria to thrive, and through which they were able to penetrate.—*Berliner Klin. Wochenschrift,* Nov. 28, 1887.

QUININE HAIR TONIC.

Quinine Hair Tonic is made as follows:—

℞.	Quinine sulph.	℈j.
	Glycerine	℥j.
	Cologne	℥j.
	Lanolin	℥j.
	Bay-rum	℥ij.
	Ext. fl. jaborandi	℥ss.
	Rose-water	℥xj.

M. Sig.—External. It is said to exert a marked effect on beginning alopecia.—*Medical Standard.*

OLEATE OF ZINC AND IODOFORM IN GYNECOLOGY.

Dr. Haslam writes to the British Medical Journal, June 7, 1887:—

"I should be glad to record my experience of the value of iodoform and oleate of zinc when mixed together, either in equal portions or with two parts of iodoform to one of the oleate, according to the effect desired.

"The dry treatment in gynecology having attained such success, I particularly wish to notify the beneficial effect of this powder on ulcerated surfaces of the uterus, or to aid granulation after the application of strong caustics. It may be applied by insufflation, or on the tampon, according to the nature of the case. It is especially useful in cancerous ulceration, in which the pain and discharge may be greatly reduced by its use, the fœtor corrected, and a clean granulating surface often left. It diminishes hyperæmia and exudation, and may be used with advantage to the enflamed endometrium as a dusting powder; it will heal up most ulcerations with great rapidity.

"The oleate of zinc seems to me to be preferable to bismuth, alum or the oxide of zinc; and when used in combination with iodoform it will be found to be soothing, astringent, antiseptic, and healing."

CAMPHORATED DOVER'S POWDER.

Camphorated Dover's Powder is composed of powdered opium, ten grains; powdered ipecac, ten grains; powdered camphor, two scruples; powdered cream of tartar, one hundred and sixty grains. The dose is ten grains. —*Western Druggist.*

ELECTRICITY AND NEUROTHERAPY IN CANCER.

In a letter to the editor of the Medical Register (December 3d), C. H. Hughes, of St. Louis, says:—

"Were the Crown Prince my patient I would give him bromide of ammonium, muriate of ammonium, the hypophosphites and arsenic, and local and general static electrization; and I would use the static current, the direct static current, to the part, powerful enough to arrest the morbid cell activity, and remove the growth by electro-cautery if it did not disappear. Cancer is a neuro-trophic disease, and the cancerous diathesis is neuropathic."

MERCURIC CHLORIDE IN CONJUNCTIVITIS.

In a case of extraction of cataract after a preliminary iridectomy, in a man eighty-two years old, a violent muco-purulent conjunctivitis set in on the fifth day. The use of a solution of bichloride of mercury, one grain to the pint of water, with eight grains of muriate of ammonia, and one grain of sulphate of atropinia, every hour, brought on a rapid diminution of the discharge, and final recovery, notwithstanding the corneal wound remained open. The cornea, which was at first of a milk tint, cleared up, and the wound united by the slow process of granulation.—Dr. Bettnam, in *Progress*, December, 1887.

NERVE COMPRESSION A THERAPEUTIC AGENT.

For constitutional nervous troubles, such as chlorosis, hysteria, etc., compression of the nerves has been long since employed to advantage. Dr. Wide, of Stockholm, has of late also employed compression or pressure upon the nerves for purely local affections. In certain gastric affections, pressure upon the celiac plexus was often very advantageously used. He also applied it successfully to the inferior hypogastric plexus, the cervical ganglia, the sympathetic, and the majority of the peripheral nerves. In a number of cases of tabes dorsalis he found the brain symptoms (cephalalgia, etc.) to disappear very rapidly by continued pressure upon the inferior hypogastric plexus. Dr. Wide also reports three cases, where neither electricity nor massage affected a result, but where pressure was followed by immediate result—*Weekly Medical Review.*

SALICYLIC PLASTER COMP.

℞. Emplastri diachyli simp.,
Emplastri saponati . āā ℥j.
Petrolati . . . . ℥iij.
Acidi salicylici . . . ℥j.

M. Sig.—Spread on muslin or other suitable fabric.

This plaster is yellowish-gray, without offensive odor, and convenient for spreading. It is very useful in chronic eczema, old leg ulcers, etc. It was developed by Mr. Rutenik, and is adopted by the German Hospital and Dispensary of New York.—*The Medical World*, January, 1888.

THE MOSETIG TREATMENT OF BURNS.

Professor Mosetig gives a detailed description of the treatment of burns adopted during the past five years, in which forty-five cases have been treated, some of them of marked severity, with very satisfactory results. The vesicles are first freely opened and the whole burn cleansed with cotton-wool soaked in a half per cent. solution of table-salt and well pressed out, so as not to drop over the sore. That portion of the integument which is burnt through and looks like parchment is dusted over with an insuffla-

tor with a very thin layer of iodoform; but in most cases it is simply necessary to cover the injured parts with a compress of the best iodoform gauze; over this is placed gutta-percha tissue a little smaller than the compress, and over all a thick layer of absorbent cotton, which is kept in place by a few turns of a roller bandage. Such secretions as there may be drain off beneath the gutta-percha, and are taken up by the absorbent cotton. The gauze and gutta-percha dressing should be permanent, but in case of smell the external dressing only should be changed. In case, however, fever should set in, pointing by its character to septic causes, the entire dressing should be removed, the pus evacuated, and mortified shreds and eschars removed with forceps and scissors, after which the dressing may be applied as before. In scalds of the face an ointment is used of iodoform and vaseline one to twenty, and covered with a gutta-percha mask.—*Wiener Med. Presse.*

SPASMODIC ENTROPION TREATED BY STRETCHING THE ORBICULARIS.

Dr. David McKeone reports the following in the British Medical Journal:—

"Mrs. W., aged 69, consulted me at the Bolton Eye Hospital, on November 9th last. She had been ill nearly three months; there was muco-purulent conjunctivitis of both eyes, ulceration of both corneas, very extensive in one eye, double iritis with numerous posterior synechiæ, and spasmodic entropion of the lower lids. Here I am concerned merely with the entropion, for which I stretched the obicularis by an extreme separation (maintained for about a minute) of the eyelids, using for this purpose the eyelid retractor. This single manipulation accomplished its object. When the lids were before its performance placed in their normal, they immediately resumed their morbid position, notwithstanding the utmost efforts of the patient. She reports that at no time since the stretching (now six weeks ago) have the lids been turned in except momentarily at the time of making local applications."

ON SOZOIODOL, A NEW DERMATOLOGICAL REMEDY.

This new agent, introduced by Tommersdroff, of Erfurt, Prussia, comes in pure white crystals, and claims our interest *a priori* on account of its combining three of the best antiparasitics. It is composed of iodine (forty-two per cent.), carbolic acid, and sulphur. Its usefulness is enhanced by its ready solubility in water and alcohol, and its chemical stability when mixed with various vehicles. Sozoiodol is besides free from odor, and is well borne by the sound and the diseased skin. Isaac's trials have evinced decided curative properties of the new remedy in eczemata of all descriptions, in herpes squamosus and tonsurans, impetigo, and ulcers. It is applied in form of a powder or a lanolin paste. In barber's itch a ten per cent. paste has been found particularly useful. Its chief activity appears to be in parasitic affections of the skin.—Dr. O. LASSAR, Berlin, in *Therap. Monatshefte*, No. 11, 1887.

NAPHTHOL AS AN ANTISEPTIC.

M. Bouchard, in Comptes Rend., gives his experience with this substance, and claims that β naphthol is absolutely safe in any form it is likely to be administered. Experiments on animals prove conclusively that it would require nearly a half pound of it taken internally to produce fatal results on a healthy person weighing one hundred and fifty pounds. When injected into the veins of animals as a 1 p. c. solution, the amount to produce fatality was equal to four hundred grains for an adult of one hundred and fifty pounds. Ten grains in a quart of water will prevent the growth of any organisms. It has five times the antiseptic power of carbolic acid, four times that of creosote, three times that of iodoform, five times that of iodol, four times that of naphthaline, but has only one twentieth the destructive energy of biniodide of mercury.—*Pharmaceutical Record*, December 15, 1887.

OINTMENT FOR SYPHILITIC PSORIASIS.

Mauriac recommends for the syphilitic psoriasis which affects the palms of the hands and soles of the feet, the following ointment:—

℞. Oil of cade,
Mercurial ointment . . āā ℥ij.
Vaseline . . . . . ℥j.—M.

—*Medical and Surgical Reporter*, Jan. 14, 1888.

DYSENTERY.

Dr. M. F. Cooper speaks favorably of—

℞. Sodæ et potass. tart. . . ℥ss.
Tinct. opii camph. . . ℥j.
Aquæ camphoræ . . . ℥j.
Aquæ . . . . . ℥vj.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Feb. 1888.

JUVENILE PRECOCITY.

THE family physician of necessity becomes quite familiar with that fascinating monstrosity, a precocious child; and it is not always that he realizes the duty he owes as a medical adviser to the fond and often foolish parents. Juvenile precocity is due to a dangerous mental activity which, in the early, undeveloped state of the brain function, generally results in overstrain. Consequently, the bright mind is apt to exhaust itself in youth, and there is very little capacity left to meet the requirements of maturity. This is why so many smart children "fizzle out" as they grow older. A precocious child very rarely amounts to anything; or, if it does, its life goes out suddenly with a brilliant flash. We are all familiar with the fact that these wonderful children very often die young. Such mental precocity is rather a disadvantage, especially as the vain parents so often furnish the unhealthy stimulus of admiration, study, and conversation of a high range.

The physician who observes these conditions in the environment of a precocious child should do his best to counteract their fatal tendency. He should on every occasion endeavor to impress upon the child's parents, that this natural brightness is in reality a mental disease,—a kind of cerebral consumption. The child should be held back with a strong rein. It should be kept out of school, away from the injudicious praise of admiring friends, and the society of persons of older years. It should be turned loose among healthy, normal children of its own age, and its books should give place to vigorous bodily exercise and play. By this means its mental activity may be retarded till an age when it may be brought into play with good effect and without impairment to future vigor.

JAPAN FOR HEALTH.

THE natural beauties of Japan have long been a theme of praise with all who have visited that wonderful country. But it is only lately that its merits as a sanitarium have been suggested to the professional and popular mind. This picturesque island boasts of a wide range of topographical conditions. There are mountains and valleys, lakes and mineral springs, hot baths, and above all there is the sea. The climate is excellent for diseases of the lungs and liver, and the baths are compared to the waters of Bethesda. These conditions realized, what better place could we think of as a health resort than some one of the beautiful cities or villages of Japan? Very often a complete change of scene and circumstance is quite as important to the patient as climate and medicine. To visit Japan is to depart entirely from every familiar phase of life and environment. A friend of the writer's, who had spent much time in Japan, compares it with living in a dream. The visitor in Japan feels like a personage in a fairy tale. The beauty of the natural scenery is enhanced by the unique architecture of all the buildings and the gorgeous style of exterior decoration. The gold-roofed houses glitter in the sunshine, while night brings out a myriad fantastic lanterns, and everywhere the rich, harmonious costumes of this picturesque people form a part of what seems to the unaccustomed eye a genuine spectacle. It can be easily understood how a visit to such a country would serve as a complete mental diversion, while the long sea voyage which one must take to get there is itself a large factor in the acquisition of health.

HYPNOTIC EXPERIMENTS.

THE presence in this country of the Russian, Dr. C. Feldman, and some of his recent demonstrations of hypnotism in its various phases, have excited fresh interest in an already absorbing subject. Dr. Feldman's extraordinary exhibitions of his own mesmeric powers before the Medico-Legal Society of New York have been detailed at length in the daily papers. One of the most interesting features of these experiments was that test of

will power over the physical condition by which Dr. Feldman showed his ability to excite his own pulse to phenomenal activity. In analyzing the hypnotic condition Dr. Feldman says that his theory is based upon electrical phenomena. He says that the human cerebellum is the source of positive electricity, while the medulla oblongata generates negative electricity. The establishment of unison between two brains depends upon the neutralizing of the positive electricity in the subject's brain and the negative electricity in the brain of the operator.

The importance of these experiments is hardly realized by the profession at large. By many, mesmerism, or hypnotism as it is called scientifically, is looked upon either as a curiosity or a trick. But the great minds of the profession recognize in this subtle force a latent power in medicine destined in the future to supplant the use of drugs in many instances. Hypnotism as a remedial agent merits the consideration of every medical man, but it is not to be trifled with by the unlearned and unexpert. Its power for evil is apparently commensurate with its power for good, as is instanced by some of the unfortunate experiments in France leading to legal interference. Careful study and experiment should be accorded the hypnotic phenomena; no rash indulgence should be tolerated. It is time we learned more of this mysterious force which promises to reach so many of those wretched nervous conditions which lie beyond the range of ordinary medicine.

PHYSICAL TRAINING FOR WOMEN.

TRAINING is the word now used by the lights of hygiene and physical science. "Physical culture" is an expression relegated to the ignominy of a snob's vocabulary. But whether we say training or culture, our meaning plainly is that vital question which, in its application to women, is the subject of such free and faulty discussion.

Perhaps the worst obstacle in the way of the enthusiast for physical training among women is the morbid dread that bodily development may be attained at the expense of those delicate personal charms which we all admire in women. This is the greatest nonsense on record. Indiscreet gymnastics carried on by an uninformed person are very likely to destroy the soft deformity so often mistaken for beauty or at least grace of *contour*. But the careful course of muscular exercise, graded by the judgment of an experienced teacher in gymnastics, promotes that symmetrical development which is the essence of true beauty. Physical training as it is now pursued embodies the correction of any bodily defect which is due to a lack of exercise. Students, or rather patients, for they are such, when about to begin a course, are measured by a standard of proper proportions, and their individual deficiencies are recorded. Then the gymnastic training is adapted to their special wants, with the frequent result of entirely correcting the malproportion, and always improving it. In this way women are not only rendered more beautiful, but less prone to the dangerous accidents attending maternity, while their general health is vastly improved.

MR. JONATHAN HUTCHINSON has advanced the proposition that the internal administration of arsenic in large doses over long periods of time might produce a form of cancer of the epithelial variety, but presenting peculiar characteristics.—*Weekly Medical Review.*

PROFESSOR GOODMAN exhibited at his clinic at the Medico-Chirurgical College a patient on whom he had operated at Wills Eye Hospital for a malignant growth in the orbit and the antrum. The contents of both cavities were removed, and the exposed surfaces seared with a hot iron. Dr. Ziegler, the house physician at Will's, undertook to fill the orbit by means of "sponge grafting," and when the patient was exhibited the process was well under way, the orbit being half filled with new tissue. The part yet unfilled Dr. Ziegler keeps constantly plugged with bichloride gauze, soaked in boroglyceride.—*Medical Times.*

VACCINATION.—The experiment has been tried in India during the last year of vaccinating from a young buffalo instead of from a calf, and the results are said by an Indian contemporary to have been "in every way satisfactory."—*The American Practitioner and News*, January 7th.

CORRESPONDENCE.

MALARIA AND TOBACCO.

EDITOR MEDICAL BULLETIN:—

I lately noticed a short article in a medical journal under the above caption, copied from the American Practitioner. In this article it is stated that a Western medical writer has discovered a new and dangerous source of malaria to be the cigar made from tobacco grown in malarial regions, and considers the recent invasions of malaria in the New England States as due to the increased use of Southern-grown and Southern-packed tobacco and cigars.

Now, I will here state for the benefit of the author of this discovery that I have resided in the malarial regions of Kentucky for thirty-five years, and that a considerable portion of the agricultural industries in the southern portion of this State are devoted to the cultivation of tobacco. Having been engaged in the practice of medicine for twelve years, it has been a matter of frequent observation by me, and of frequent comment by physicians and others, that persons engaged in the cultivation, manufacture, and handling of tobacco enjoy better health, and are to a very remarkable extent exempt from all forms of malarial diseases. Whereas persons engaged in other pursuits, both agricultural and commercial, in the same localities are extremely susceptible to the class of diseases incidental to malarial poisoning.

Yours truly,

W. H. S. CRABB, M.D.

WHITE RUN, Ohio County, Ky.

MEDICAL NEWS AND MISCELLANY.

PHYSICAL TRAINING.

A pair of rubber boots she wore;
Her face was all aglow,
As from the path beside her door
She shovelled off the snow.

She ceased not when I reached her side,
But labored with a will;
And, though her arms were slender, plied
The implement with skill.

"Your husband, ma'am, I wish to see
About some business,"
I said to her. She said to me,
"You'll find him in, I guess.

"Just go right in; you needn't ring;
At present, I surmise,
He's at his health-lift practicing
Up-stairs for exercise."

THE ROCKY MOUNTAINS.

OH, how terribly grand
Is the wonder land
Of the old eternal snows
Where the King of storms
In majestic forms
Rushes forth from his short repose.

See his terrible frown
As he looketh down
On the storm's wreaths rushing on;
As they toss the dust
From the earth's rude crust
Of the years long dead and gone.

How he'll laugh and shout
As he sweeps about
In his chariot hurricane shod,
And flings from his wings
Those glittering things
Which bespangle the frosty god.

Deep down in the rifts
Of the hoary cliffs
Of the mountains grim and old,
Where the spray that was hurled
From a molten world
Hath evolved the glittering gold.

In those magic caves
The Enchantress waves
Ambition's powerful wand;
And lives lightly prized
Are sacrificed
To satisfy Shylock's band.

Oh, sublimely grand
Is this wond'rous land,
This enchanted land of gold,
Where the golden dust,
With the torrents hath rushed
Through canons centuries old.

Where, from cloud-capped towers,
In diamond showers
The dazzling frost-dust falls,
Reflecting the streams
In the day-god's beams,
From the gorgeously frescoed walls.

J. M. HALBY.

ROBINSON, SUMMIT CO., Colorado.

DR. WILLIAM M. MYERS has been appointed Medical Inspector for the Board of Health.

DR. PETER MCCAHEY, of 304 N. Eighteenth Street, Philadelphia, was married on Tuesday evening, January 10th, to Miss Mary B. Gallagher.

ROBERT A. GIVEN, M.D., of Burn Brae, Clifton Heights, Delaware County, died on the morning of the 10th inst., in the 73d year of his age.

DEATH OF WESLEY M. CARPENTER, M.D.—On Saturday morning, January 7th, Dr. Carpenter, of New York City, died suddenly at the age of fifty.

DR. D. G. BRINTON, of Media, Pa., was elected a member of the Council at the recent meeting held in Harvard University to organize the American Folklore Society.

THE ALUMNI ASSOCIATION OF THE WOMAN'S HOSPITAL in the State of New York held its Third Annual Meeting at the New York Academy of Medicine, January 18, 1888.

GYNECOLOGICAL CONGRESS.—A Congress is to be held at Madrid, under the auspices of the Spanish Gynecological Society, in May, 1888. It will be divided into three sections,—Obstetrics, Gynecology, and Diseases of Children.

SINGULAR.—A wise reflection by Jones:

"Doesn't it strike you as rather odd that while the papers are daily commenting on the decease of celebrated men, they never announce their birth?"

DR. R. A. F. PENROSE has resigned the Professorship of Obstetrics and the Diseases of Women and Children in the University of Pennsylvania. This resignation is to take effect at the close of the current session.

BACK NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any of our subscribers who will send us a copy of THE MEDICAL BULLETIN for February, 1886, will have their subscription advanced two months. Send to THE MEDICAL BULLETIN, 1231 Filbert Street, Philadelphia, Pa.

DRAMATIC ENGLISH.

First Party—"Hello, Charley! How are you?"

Second Party—"Oh, I'm enjoying very good health. How are you?"

First Party—"Well, I'm suffering very good health."

MEDICO-CHIRURGICAL HOSPITAL.—The annual meeting of the corporation will be held at the Medico-Chirurgical Hospital, on Cherry Street, above Seventeenth Street, Philadelphia, on Monday, January 30, at 3 o'clock, P.M. Reports from directors and managers will be presented.

DR. HENRY LEFFMANN, who has been appointed Coiner in the U. S. Mint, of this city, to succeed the present incumbent, Mr. Wm. S. Steel, who has passed nearly twenty-five years in that institution, during four of which he has been Coiner, was born in this city forty years ago.

UNANSWERABLE.—"No, my son shall not work in a bank. He's a delicate boy, and I do not want him to put himself in the way of danger," said a Harlem mother.

"But I don't see how bank-work can be considered dangerous," replied the husband.

"Aren't bank clerks constantly exposed to drafts?"

ST. JOSEPH'S HOSPITAL.—The report of St. Joseph's Hospital Service, of Philadelphia, shows that this most deserving charity, during the year just passed, has treated a very large number of cases among the poor of all denominations. Nine hundred and sixty patients were admitted to the house, and five thousand and forty received treatment in the various dispensaries.

NUTRIENT ENEMATA.—Prof. Ewald, of Berlin, has recently made some careful experiments with different nutrient enemata (*Deutsche Med. Woch.*, December 1, 1887), and has found that enemata of eggs were of decided service; and that they were as efficient and satisfactory without being peptonized as when they were subjected to this process.—*Medical and Surgical Reporter*, January 14, 1888.

THE MEDICO-LEGAL SOCIETY.—The meeting for the Installation of Officers-elect was held on Wednesday, January 11th, 1888, at the Hotel Buckingham. The order of the meeting was as follows: 1. The Inaugural Address of President-elect, Clark Bell, Esq. 2. Criminal Jurisprudence, by Dr. P. Bryce, Superintendent Alabama Insane Hospital. 3. Experiments in Hypnotism and Mental Phenomena, by Dr. O. Feldman, late of Russia.

J. K. BARTLETT, M.D., long well known to the profession as one of the oldest and most respected members of the profession in Milwaukee, Wis., has removed from that city, and taken his residence permanently in Berkeley, Cal. His many friends and correspondents should make note of this fact. The change of residence at this period of life was caused by the hope of benefiting the health of his family.—*Journal of American Medical Association*, January 7, 1888.

THE HEBREW CHARITY BALL.—This year's Hebrew Charity Ball was as fine an affair as any of its predecessors. It took place on Tuesday evening, January 31st, at the Academy of Music. The decorations surpassed any that have heretofore been made. A very large number of tickets were sold. There was no low, demeaning, political trade undertaken at this Charity Ball, and the attendance, therefore, was unusually large. The people take great interest in this Charity, and financially it was a great success.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The Thirty-ninth Annual Session of the Medical Society of the State of Pennsylvania will be held in Philadelphia, beginning Tuesday, June 5, 1888. In order for the proper assignment of places on the programme, those who propose to read papers are requested to send the titles thereof not later than April 15th to the Chairman of Committee of Arrangements, Dr. John H. Packard, 1924 Spruce Street, Philadelphia.

PLANTS IN THE SICK-ROOM.—Dr. J. M. Anders delivered a lecture, Friday evening, January 13th, at the Medico-Chirurgical College, of Philadelphia, Eighteenth and Cherry Streets, upon "The Hygiene of House Plants." His strong point in the lecture was the necessity of having plants in the sick-room. He said that foliage plants are effective in easing a consumptive patient. They should have the southern exposure to the sun. "A room well stocked with plants in the winter is as healthy as the seashore in the summer months," he added.

CARBOLIC ACID REINFORCED.—At the International Hygienic Congress several of the leading men recommended strongly the addition of hydrochloric or tartaric acid in the proportion of from one-half to one per cent. to solutions of carbolic acid. Reference was made to the researches of Laplace, which demonstrate that the disinfective power of carbolic acid is thereby considerably increased. Formerly we added acetic or other acid to increase the solubility of carbolic acid without knowing that its germicidal power was thus augmented.—*The Sanitary Inspector*, December, 1887.

THE LATE CHARITY BALL.—Financially the Charity Ball of Philadelphia is reported to be a failure. Is it any wonder when the self-selected few, by their manipulation in the interest of their favorite Institution, disgust and keep away a large number of good people? In this democratic city, governed by the people, the petty mean devices of the so-called chosen few, who try to get hold of all they can by trickery, always react upon them. The lesson just learned should cause the few duped institutions and their friends in the future to refuse ever again to allow themselves to be used by the clique who control the management of the Charity Ball in the interest of one Institution.

LECTURES ON INEBRIETY.—The President of the English Society for the Study of Inebriety, Dr. Norman Kerr, has given the first course of medical lectures on the Disease of Inebriety and its treatment, in the hall of the London Medical Society, January 12, 1888. Dr. T. D. Crothers, of Hartford, Conn., has been invited to deliver two lectures on the same topic, before the Albany Medical College, January 24 and 25, 1888. These are the first medical lectures on inebriety, and the first efforts to present this subject in connected detail by medical men from a purely scientific standpoint.—*From the January No. Journal of Inebriety.*

NEW HOSPITAL.—The formal opening and dedication of the Sloane Maternity Hospital and the Vanderbilt Clinic, at Tenth Avenue and Fifty-ninth Street, adjoining the College of Physicians and Surgeons, New York City, was held on the afternoon of the 29th ultimo.

An address was delivered by Prof. T. Gaillard Thomas, M.D. The Maternity Hospital fills what physicians have long held to be the most pressing want in the hospital system of the city. It has been two years in course of construction. It is brick, fire-proof, and in every detail the utmost sanitary precautions have been taken. It is through the generosity of Mrs. Sloane that all the beds in the Maternity Hospital have been endowed so that they shall be perpetually free.

MRS. SCHNEIDERKASE GIVES A GERMAN.—"My vife leats der fashion this veek alretty," said the German policeman to his friend Reilly, the blacksmith. "Ve had a grade sdade uf affairs at our flat lasd night. She gafe a German."

"Is that so?" the blacksmith said, greatly interested. "And whoy was not Oi invited—me and Mrs. Reilly! Oive read of these Germans in the papers over and over again, the curious favors the guests carry away and all that. Shure, O'im rale sorry yez didn't invite me."

"Yah, dot's so," said the inveterate joker. "Vell, it vos gwide *a shmall bardy* vot she gafe, mit only von drophy und only von bardickler frent owdside der family invided. Dot vos der doctor. He sayt afdervots it vos von uf der shmallest Germans he ever addended—but dot it seemed healty und he dought it vould lif."—*The German Policeman.*

ANNUAL SESSION OF THE MEDICAL SOCIETY AT CARLISLE.—The Cumberland County Medical Society convened in session in Carlisle, January 10th, 1888, with President Longsdorf in the chair. The meeting was a successful one throughout. The subjects discussed were as follows: "Defects of Refraction," P. D. Keyser, of Philadelphia; "Undue Frequency of Micturition," Dr. C. H. Raughter, of Harrisburg; "Respiration in Pulmonary Consumption," Dr. T. J. Mays, of Philadelphia; "Eczema" (with clinic), Dr. O. G. Given, of the Carlisle Indian Training School; "Puerperal Fever," Dr. W. W. Dale, of Carlisle; "Diphtheria," Dr. C. C. Hummell, of Mechanicsburg; "Pelvic Inflammations," Dr. G.

Winfield Zeigler, of Carlisle. At the close of the above programme the retiring president, Dr. W. H. Longsdorf, of Carlisle, delivered a very pleasing address. A banquet was given in the evening at the Florence House. All the prominent members of the Cumberland county bar were present, and delivered speeches and toasts.

CONTAGIOUSNESS OF LEPROSY.—At a meeting of the Pennsylvania State Board of Health, held in Philadelphia, January 11th, the following resolutions were unanimously adopted:—

Resolved, That this board endorses the recent action of the Board of Health of the City of Philadelphia in promptly isolating two individuals afflicted with leprosy.

Resolved, That it is irrational to suppose that transportation to America will deprive this disease of its infectious character; and, therefore,

Resolved, That it be placed upon the list of communicable diseases dangerous to the public health in the "Model Ordinance for the better preservation of the Public Health in cities and boroughs of Pennsylvania;" and, further, that all boards of health, sanitary committees, and borough councils throughout this State be enjoined to class it among the diseases required by law to be reported to the sanitary authorities.

QUADRENNIAL DISCOVERY PRIZE OF £1000.—1887–1890.—In accordance with the terms of the Grocers' Company's Scheme, the Court announce that the problem proposed as the matter of competition for the first Discovery Prize (1883–1886), viz.:—

"To discover a method by which the Vaccine Contagium may be cultivated apart from the animal body, in some medium or media not otherwise zymotic,—the method to be such that the Contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of such generations shall (so far as can within the time be tested) prove itself of identical potency with standard vaccine lymph,"—has not been solved by any of the candidates. The Prize has therefore been withheld, and the same problem is, subject to the conditions of the scheme, again proposed for investigation. The Prize is open to universal competition, British and foreign. Competitors for the Prize must submit their respective treatises on or before December 31, 1890, and the award will be made as soon afterwards as the circumstances of the competition shall permit, not later than the month of May, 1891. In relation to the Discovery Prize, as in relation to other parts of the company's scheme in aid of sanitary science, the court acts with the advice of scientific assessors. All communications on the subject are to be addressed to the clerk of the Grocers' Company, Grocers' Hall, London, E.C.

FOOD INSPECTORS.—David Hoffer, Vice-President of the Butchers' and Drovers' Association, recently explained to a sub-committee of the Councils' Finance Committe the necessity which exists, in the judgment of the members of the association, for the appointment of Food Inspectors, as asked for in the Health Bureau estimate for next year. He said that the thirty-one clerks of market-houses now employed, as a rule, were incompetent; that they failed to attend to their business, and, in some instances, were unable to distinguish one kind of meat from another. He thought that six or eight first-class men should be appointed, who should be empowered to inspect all kinds of meat, poultry and food products generally, not only in justice to dealers, but consumers, and said that the association was willing to present twenty names from which the selections could be made. He had known of instances, he said, where meat unfit for consumption had been placed upon the market, and referred to the fact that an analysis of a quantity of lard showed that it was composed of about seventy-five per cent. of foreign ingredients, such as cottonseed-oil and flour. He argued that good, wholesome meat from the West and other points could not be sold cheaper than that slaughtered here, and the only protection to the public would be in the appointment of inspectors. He also favored an inspection of weights and measures without expense to dealers, and cited an instance where a measure marked as a half bushel was found to contain but three half-pecks.

The question being raised that the appointment of market-clerks was required by law, at salaries ranging from $250 to $400 per annum, Mr. Freeman suggested that the salaries should be of such a nominal character that the clerks would be glad to vacate the positions.

After a further discussion of the subject the chairman of the committee was requested to consult with the City Solicitor, Director of Public Safety, and the Commissioner of City Property, with reference to having an ordinance framed embodying the suggestions made by Mr. Hoffer.

KARG. ON EPIDERMAL PIGMENT AND EPIDERMAL ALIMENTATION.—The skin of a white person transplanted on the skin of a negro became as black as the skin of the negro. Black skin inoculated on the skin of a white person lost its pigment.

The pigment is carried into the epidermis by cellular ramifications, located on the confines of Rete Malpighi and Cutis and transferring their granules of pigment to the epidermic cells.

These pigment-carrying cells and their extensions play at the same time a considerable part in epidermic alimentation. For as long as the network formed by the pigment cells is wanting, the epithelial cells of the transplanted skin show all

the characteristics of defective and insufficient alimentation. The epithelial seam is thin, the granules remain partly colorless, the cells show vacuola and adipous granulations. But as soon as pigment cells have made their appearance, numerous caryocinetic figures will become visible.

These ramified cells are equally present in white skin, being only made less demonstrable by the lack of pigment, especially so the net-work of their extensions.

Kolliker confirms *Abey's* statements, "that no pigment is formed in the cuticle, arriving there only by immigration of migratory pigmented cells from the contiguous tissue." This fact is especially well observed in human hair, the rub of developing antlers, the plumelet of chickens, the cuticle of the dromedary and the gorilla. The ramified pigmentary cells give their pigment up to the cuticular cells by stretching out into them. The cornified epidermal cells, when the epidermal formations are only feebly pigmented, have no coloration at all; they may also be diffusely pigmented, or containing real pigmentary granulations in varying quantities, as in dark hair, in the nails of anthropoid monkeys, in the corneous cuticular layer of the gorilla and whales. In the skin of the negro and in the pigmented epidermis of the Caucasian race, V. Koelliker failed to find ramified pigment cells, but they presented, on the other hand, in the outermost cuticular layers, in many instances, numerous small pigment cells of a roundish and fusiform shape, the appearance of which was repeated among the deepest epidermal cells.—*Anatomischer Anzeiger*, 1887.—*Pacific Record.*

How Charity is Dispensed in Philadelphia.—A few of the old residents of our Quaker City, their heirs, and special friends, constituted themselves, some years ago, "A Board of Managers" for an Annual Charity Ball, the proceeds always to be devoted to some worthy, charitable institution. At the time this so-called charity organization came into existence the majority of the self-constituted Board of Managers were interested only in one charity, and that institution at once and for some years after directly or indirectly received the benefit of each annual ball. In order to interest more people to uphold their methods and management, a few others were added to the Board, and a small amount for a few years was divided among other institutions to satisfy the few additional members and their friends. The past year a clamor went up from a number of charitable institutions asking aid from this Board of Charity Managers. The keen perception of the moving spirit conceived the novel idea of placing a number of charities before the people and permitting them to vote for four out of those named. The idea no doubt then in the mind of that person or persons was, that we can still secure our favorite institutions by a process of trading votes, inasmuch as we control the Board of Managers and know just where the mass of tickets will go, and how to secure them. Weeks ago any one informed as to the management of the Charity Ball, could have foreseen the favorite charity and trading charities, so arranged by the clique who propose to control matters in the way outlined. The plans were well arranged and ultimately carried out, and the few representing others were duped into working for the clique, as the following report will indicate:—

"The Executive Committee of the Eighth Annual Charity Ball announces the result of the voting on tickets as follows: Children's Hospital, 628; Southern Home for Destitute Children, 521; Orthopœdic Hospital, 505; Pennsylvania Society to Protect Children from Cruelty, 478; Philadelphia Lying-in Charity, 418; Northern Home for Friendless Children, 384; German Hospital, 321; Women's Homœopathic Hospital, 289; Howard Hospital, 258; Medico-Chirurgical Hospital, 221; Hospital and Dispensary of St. Clement's Church, 193; Home Missionary Society of Philadelphia, 122.

"The net proceeds, when determined by the treasurer, will accordingly be divided equally among the four highest on the list."

It would be well next year for some of the truly charitable people of Philadelphia to remember the experience just passed, and to refuse to be again duped; or to organize a liberal, non-trading Board of Managers, who will work for charity's sake alone, and not be governed, worked, or wirepulled by a clique in their interest alone.—*The Med. Reg.*, January 21, 1888.

Pellagra.—Pellagra is one of those foreign diseases which it is fondly hoped will remain in the effete despotisms to which they are at present confined. That our own happy country cannot always hope to be free from these plagues, the constantly increasing number of lepers in the United States bear witness; and so, with the continual immigration of the peasantry of South-eastern Europe, we may expect to be brought sooner or later face to face with the curious and serious malady known as pellagra.

For this reason, Niesser's excellent lecture on the subject, delivered not long since before the physicians of Vienna on "Pellagra in Austria and Roumania," is worthy of abstract in these pages.

The disease shows itself by a series of skin, intestinal, and nerve symptoms. A condition of lassitude, with headache, dizziness, pain in the back, gastro-intestinal disturbances usher in the disease, while in the spring of the year erythematous patches make their appearance upon the

exposed portions of the body, particularly on the backs of the hands and feet. After some weeks' duration the skin and other symptoms disappear, and the disease seems for the time to be in abeyance. The following spring, however, it recurs with the former symptoms, some intensified, and, in addition, severe cerebro-spinal symptoms may occur, with cramps and muscular atrophy. During this patients often succumb to suicide, or with typhus or meningeal symptoms. When the patient survives, and the disease continues to make progress, cardiac weakness sets in, the marasmus progresses, paralysis of the extremities and of the bladder occurs, colliquative diarrhœa with dropsy sets in, and the intellectual disturbance goes on to idiocy or imbecility.

The succession of symptoms is not always the same. The erythema is usually the first symptom, and closely connected with this the nervous and intestinal manifestations. But these may be preceded by a sort of prodromal stage of mental and nervous symptoms.

After giving the symptoms at some length, Neisser goes on to speak of the etiological factors, which he believes, with other writers, to be general misery, with particularly the use of spoiled maize.

The various suggestions Neisser makes for the prevention of the disease are of a hygienic character—better food, better air, better habitations. These are more important for the Germans than for us, since, excepting in our larger cities, they are possessed by all.—*The Satellite of the Annual of the Universal Medical Sciences.*

BOOK REVIEWS.

Insanity: Its Classification, Diagnosis, and Treatment. A Manual for Students and Practitioners of Medicine. By E. C. SPITKA, M.D., President of the New York Neurological Society; Formerly Physician to the Department of Nervous Diseases of the Metropolitan Throat Hospital; Consulting Neurologist to the German Poliklinik; W. & S. Tuke, Prize Essayist, etc. E. B. Treat, 771 Broadway, New York, 1887, pp. 423. Price, $2.75.

The first edition of this great work was, as almost every one prophesied, rapidly exhausted. This, the second, has been issued after repeated calls, and it, we are sure, will rapidly follow the manner of the former. The volume is unquestionably the strongest upon the subject in the English language, and is calculated to teach, please, and help those who choose to study it. The more we read it the deeper our pleasure is to see the wisdom that the author displayed in discarding all subjects relating to medico-legal interests. The book is one for medical men, and is not, as so many others are, calculated to imbue into their minds ideas that they have become by perusal finished experts upon knotty medico-points. Had more alienists displayed a like wisdom, our court records might show fewer brilliant diagnoses, but greater justice. To him who needs information on questions appertaining to the insane, we recommend Dr. Spitka's great work.

Massage: Principles and Practice of Remedial Treatment by Imparted Motion. Mechanical Processes. By GEORGE H. TAYLOR, M.D., author of "Health by Exercise," "Health for Women," etc. New York: John B. Alden, 1887, pp. 173.

To thoroughly appreciate the lack of development that this now so important remedy has met with in this country, we would say could not be better demonstrated to every American than by a visit to the now famous halls at Baden-Baden. We, who are accustomed to be leaders in the application of remedial agents, have indeed need for shame in our willful neglect of this highly valuable method. To any one who has seen or felt the advantages and superior charms of mechanical massage over the ordinary or manual, will surely ever after look upon and feel towards the latter a well-merited disgust. Hence any means that can be devised to help us towards the establishment, cultivation, and fostering of methods that shall and must meet with the favor of the great mass of the profession does confer upon them a most lasting and valuable favor. Dr. Taylor's classical little book does much to help us towards the desired goal, and he who reads it and is not pleased with the contents, will surely receive a blessing in good English, such as unfortunately is rarely encountered in our medical literature. Yet we are sure that to him who feels any interest whatever in the subjects with the acquaintance thereof, will learn to love this little volume.

Lessons in Gynecology. By WILLIAM GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Third edition, thoroughly revised, and greatly enlarged, with one hundred and twelve illustrations. 8vo. pp. 579. D. G. Brinton: Philadelphia, 1887.

Both Dr. Goodell and this his work are so favorably known to the profession that they need little notice at our hands. The book is essentially, as the title would indicate, an incomplete treatise upon the various diseases of women. Yet it is a most valuable adjunct in the library. What it does speak of is in general fully, thoroughly, and ably expounded, as one would naturally expect from so great a teacher and operator as the author is. The favor with which the book

has met is apparent when we note that this is a third edition; and yet there are no lack of good works upon the same subject. That the editions throughout have been good ones we deny. The last two lessons are weak,—the last one hardly being such as we had a right to expect from a sentimental layman, such as join the antivivisectionists for instance. We might smile at the arguments used, and think, poor misguided man, forgive him, for he knows not what he does. But where a man of Goodell's standing and ability chooses to answer the theories, facts, and deductions of Malthus, Bessant—and a host of others whom we take it he includes in his sweeping arraignment—in the slip-shod, unscientific, and savory manner which he has chosen, there is but one word that may be used to express the calibre of his argument,—the now familiar but inelegant *rot*. We would not have our readers think us advocates of the precepts of these earlier teachers; yet we would have a better answer than the author of the present work has seen fit to prepare for the dogmas that they expounded. We nevertheless feel that thanks are due the author for having so manfully entered the field on this barren subject. Almost all other authors, no matter how voluminous their works, have either thought the subject unworthy of attention, or else have not had the courage to touch upon it. Now that the field is again open, we hope to hear more from Dr. Goodell, as well as the many others who, by virtue of their large experience, are best fitted to talk thereon. Despite the last chapter, which is but an infinitesimal part of the work, we earnestly commend the volume to our readers.

Nitrous Oxide: Its Properties, Method of Administration, and Effects. By S. H. GUILFORD., D.D.S., Ph.D. Philadelphia: Spangler & Davis.

The study of anæsthetics has assumed such vital importance that the results of clinical experience in their use are essentially valuable additions to medical knowledge. Nitrous oxide is claimed by Dr. Guilford to be the safest of all anæsthetics, and is therefore recommended for the minor operations of dental surgery, though the brevity of its effect naturally limits its usefulness. In this practical work of Dr. Guilford's, the author has made an exhaustive study of this anæsthetic, discussing its chemical properties and physiological action with a familiarity which invites confidence in his judgment. An important chapter, not to be lightly skimmed, is that which treats of the advisability of administration in special cases. Proper attention is also given to the subject of accidents and emergencies, and to the relative safety of nitrous oxide. The work is embellished by a number of illustrations, and is directly aimed at the needs of the student and young practitioner. It is a long while since we have had a work upon this subject, and we are indebted to Dr. Guilford for his addition to our books of reference. His position of Professor of Operative and Prosthetic Dentistry in the Philadelphia Dental College has given him special opportunities for exhausting the subject of nitrous oxide anæsthesias, and his work bears evidence that he has made good use of his opportunity for clinical observation and research.

The Medical World Visiting List. Being a Daily Record of Practice and Accounts, without the use of Signs, and hence need no transferring. Arranged in Movable Tablets. Philadelphia: The Medical World.

This consists of a neat Russian leather case into which tablets may be inserted. The tablets are for one month, and in each may be kept the records and accounts of ninety-six patients. The great advantage of this list over others with which we are familiar is the fact that the services rendered with the amounts charged are entered in writing and figures, and not in symbols. Hence the book may be presented in court in case of a dispute, and will be accepted as a book of original entry. It has merits which stand second to the former, such as small bulk, neatness, good paper and print, and ready facility for reference. But the first is the best reason to our minds for its use. Physicians' book-keeping is now a complicated, inefficient, and awkward procedure, and any means that may be introduced to simplify and render it more accurate are worthy of commendation. Hence, we feel justified in strongly recommending this little volume to our readers.

A Manual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System. By ALLAN MCLANE HAMILTON, M.D. New York: E. B. Treat.

This work is a fair attempt to simplify the baffling intricacies of legal medicine, and commends itself alike to the lawyer who has nice points of responsibility to decide and to the physician who serves as an expert. The author—Dr. Hamilton—has impressed his work with the individual experience of one who has been for some time a consulting physician to the insane asylums of New York City. In the limited field which it is designed to cover, this book is certainly useful. It deals with only those conditions of the nervous system which are liable to be the basis of litigation. The value of the work is greatly enhanced by citations of legal cases into which types of physical questions enter. The general matter of the book is tersely and clearly presented, in which respect it fills admirably all requirements.

COMMERCIAL NEWS.

A New Catalogue.

The Messrs. Eli Lidy & Co., pharmaceutical chemists of Indianapolis, have just issued a new catalogue and price list of their goods, which they will send to any physician applying for it.

They are manufacturers of Chemicals and Pharmaceuticals, Gelatine, and Sugar-Coated Pills, Fluid Extracts, Elixirs, Syrups, Wines and Pepsin, Solid Extracts, Powdered Extracts, Resinoids, Compressed Tablets, Lozenges, etc.

The great specialty of this company is Succus Alterans (McDade), an alterative juice designed for blood diseases, and especially those of a syphilitic character. It has received the indorsement of the late Dr. J. Marion Sims, in the British Medical Journal, Dr. B. Rush Jones, and many other physicians of the highest reputation. A treatise is published by the company which enters more fully upon the merits of this valuable specific, which will be sent to any physician mentioning this journal.

Viburnum Compound.

The Viburnum Compound of Dr. Hayden has been largely tested by thousands of physicians for the past twenty years with much satisfaction. It is recommended for Dysmenorrhœa, Menorrhagia, Convulsions, Rigors, Threatened Abortion, After Pains, Insomnia, Ovaritis, Nervous Excitability and Irritability, Mental Depression, Uterine Debility, and all internal pain of the Stomach and Bowels. It is said to relieve without narcotizing or leaving any unpleasant *sequalæ*,—a desideratum seldom attained in the administration of potent drugs.

The New York Pharmaceutical Company will send a complete treatise on the use of this preparation to any one of our subscribers applying for it.

The New Nomenclature.

Georgia.—"Do you know, Ethel, old Stokes had a perplexity fit the other day?"

Ethel.—"A perplexity fit? You mean a parallel stroke."

Imperial College of Agriculture.

Sapporo, Japan, March 9, 1887.

Messrs. Reed & Carnrick.

Gentlemen:—Will you kindly send me, as soon as possible, by express via San Francisco, one 5-pound tin of "Carnrick's Soluble Food." Forward to the care of Lohmann & Co., Yokohama, Japan. Perhaps a word of explanation for this order from far-away Japan may not be without interest to you. My baby boy is now two months old and exceedingly strong and healthy, and is gaining in weight steadily at the rate of half a pound per week. Three weeks ago, however, he weighed half a pound less than at birth.

Forty-eight hours after birth, having received no nourishment, he was allowed a few drops of cow's milk and all the tepid water he desired. But the milk did not agree with him, producing the only symptoms of colic he has ever shown. On the third day, there still being no milk from the natural source, he was given two meals of "Carnrick's Soluble Food," from a trial package in my possession.

This nourishment agreed with him perfectly, but was discontinued on arrival of the mother's milk.

When he was about four weeks old he showed signs of serious indigestion, passing material from his bowels closely resembling hard curds, and which analysis proved to be almost wholly unchanged casein. The most natural course was to attempt to remedy the difficulty by changing the diet of the mother, but, after two weeks of unsuccessful experiment, recourse was again had to the "Carnrick's Food," followed by immediate disappearance of all digestive trouble. However, with a supply of only four ounces of the remedy within 8000 miles, and with the mother burdened with milk, some other means, as a permanent course, had to be adopted. The analysis of the mother's milk furnished the clue to the proper course.

The nutritive ratio (relation of albuminoid to carbo-hydrate constituents) was found to be too low; the amount of fat and milk sugar present was not sufficient to enable the infant to digest the excess of nitrogenous food furnished. By supplying this deficiency by feeding soluble carbo-hydrates, the proper nutritive ratio was restored; and the mother's milk, *thus supplemented*, is to-day accomplishing all that could be desired, and all that was gained by the use of the "Carnrick's Food" *alone*.

With this experience to judge from, I am convinced that the "Carnrick's Food" is as perfect and efficacious in practice as its composition is correct in theory. It appears to me to be compounded on thoroughly scientific principles, and in this respect differs from most of the other articles placed on the market for similar uses.

Assured of the superiority of your product, and feeling deeply grateful for the results of its use by my own child, I deem it only just to communicate these facts to you, with my sincere thanks for the benefit derived from "Carnrick's Soluble Food."

Believe me, very truly yours,

H. E. Stockbridge, Ph.D.,
Professor of Chemistry and Consulting Chemist to the Imperial Japanese Government.